MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04185

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 320 Livingston Terrace SE ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (n0) (Last) ANDREWS
4. DATE OF DEATH (Month) (Day) (Year): April, 6, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	4-4-50	00 yrs.	00	02		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Arland Andrews
14. MOTHER'S MAIDEN NAME: Jean Claire Neeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Father: Frank A. Andrews, same as item #13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Atelectasis

754.3 Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Inter-auricular Septal Defect

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4, April, 1950, to 6, April, 1950, that I last saw the deceased alive on 6, April, 1950, and that death occurred at 1215 A m., from the causes and on the date stated above.

SIGNATURE Paul Peterson (Degree or title) ADDRESS Paul Peterson, Captain, MC, USN, U.S. Naval Hosp. Bethesda, Md DATE SIGNED 4/11/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-7-50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/11/50	Elizabeth Willett	Robert Pumphrey, 7557 Wisconsin Ave. Bethesda, Maryland

2-0-4-64 0-26-4-38-5

RECEIVED
APR 12 1950
BUREAU

04186

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 8 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. + Hospital	STREET ADDRESS (If rural, give location): 908 Silver Spring ave.

3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle)	(Last) Benden	4. DATE OF DEATH	(Month) 4 (Day) 17 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: Caus.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 3-4-1870	9. AGE last birthday: 80 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Henry Fisher			14. MOTHER'S MAIDEN NAME: Regina Fisher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none		17. INFORMANT AND ADDRESS: Victor H. Benden (Son)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CEREBRAL THROMBOSIS APPROX.	72 HRS
332X Antecedent cause(s)		CEREBRAL ARTERIOSCLEROSIS	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	GENERALIZED "	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ESSENTIAL ARTERIAL HYPERTENSION HYPERTENSIVE HEART DISEASE FAILURE GRADE I

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCTOBER, 1946, to APRIL 17, 1950, that I last saw the deceased alive on APRIL 17, 1950, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. Marshall Cuvillier Jr.	MD	8648 GEORGIA AVE. SILVER SPRING, MD.	APR. 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/19/50	NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery	LOCATION (City, town, or county) (State): Prince George County, Md.
DATE REC'D BY LOCAL REG.: 4/20/50	REGISTRAR'S SIGNATURE: J. Hilton Dodd	24. FUNERAL DIRECTOR: Warner E. Pumphrey	ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 24 1950
BUREAU V. S.

04187

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural | LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 114 Danbury Street, SW, ✓

3. NAME OF DECEASED (Type or Print): (First) Carol (Middle) Jane (Last) BLOOMER
4. DATE OF DEATH: (Month) April, (Day) 11, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-10-50
9. AGE last birthday: 00 yrs. | If under 1 year: Months 00, Days 1 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Francis Wayne Bloomer
14. MOTHER'S MAIDEN NAME: Betty Lee Castle Casson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Father: Francis W. Bloomer, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7625 Immediate cause (a) atelectasis

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10, April, 1950, to 11, April, 1950, that I last saw the deceased alive on 11, April, 1950, and that death occurred at 11:05 A m., from the causes and on the date stated above.

SIGNATURE: P. Peterson (Degree or title) ADDRESS: P. PETERSON, Captain, MC, USN, U.S. Naval Hospital, Bethesda, md DATE SIGNED: 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-12-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 4/14/50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: Robert Pumphrey, 7557 Wisconsin Av Bethesda, Maryland

2-0-4-10-0-26-3-36-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04188

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Kensington
LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2929 Wheaton Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Kensington
STREET ADDRESS (If rural, give location) 2929 Wheaton Road

3. NAME OF DECEASED (Type or Print): (First) Louella (Middle) Collier (Last) Bolan

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 19.50

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Nov. 14, 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Rev. Isaac A. Collier

14. MOTHER'S MAIDEN NAME: Emma Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mansfield Lonie, Rd. 2929 Wheaton, Kensington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia — Interval between onset and death: 3 days

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — over 20 yrs.

(c) Senile dementia — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 19 44 to Apr. 1, 19 50, that I last saw the deceased alive on March 29, 19 50, and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Katharine A. Chapman M.D. — ADDRESS 20 W. Baltimore St. Kensington Md. — DATE SIGNED 4/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial-transit — DATE 4/2/50 — NAME OF CEMETERY OR CREMATORY Valleau Cemetery — LOCATION (City, town, or county) Ridgewood — (State) N. J.

DATE REC'D BY LOCAL REG. 4-3-50 — REGISTRAR'S SIGNATURE Helen Kurvacks

24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md.

RECEIVED
APR 4 1950
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04189

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 116 4th St, S.E.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) "H" (Last) Bowen Sr
4. DATE OF DEATH: (Month) (Day) (Year): 4, April, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 3-6-98
9. AGE last birthday: 52 yrs. If under 1 year: Months: 00 Days: 28 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Govt
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Harry H Bowen
14. MOTHER'S MAIDEN NAME: Mary C. Hughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Son: Henry Bowen, 4004 D St, S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho genic Carcinoma — Interval Between Onset and Death: 1yr+

162X

Antecedent cause(s)

47C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic Bronchogenic Carcinoma to Liver — 3-4mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XXX No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, March, 1950 to 4, April, 1950, that I last saw the deceased alive on 4, April, 1950, and that death occurred at 1:20P m., from the causes and on the date stated above.

SIGNATURE: J.M. Hanner (Degree or title): J.M. HANNER, CDR, MC, USN ADDRESS: U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 4/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4-7-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REG.: 4/5/50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR: W.W. Chambers, Washington, D.C.
ADDRESS: 517 11th St, S.E.

60297

RECEIVED
APR 8 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 125 MAY 8 1950

Reg. Dist. No. 04190 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital	STREET ADDRESS (If rural, give location) Rt-1

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) (none)	(Last) Bralove	4. DATE OF DEATH	(Month) 4	(Day) 28	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-19-89	9. AGE last birthday 60 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10b. KIND OF BUSINESS OR INDUSTRY Taxi Cab Co.	11. BIRTHPLACE (State or foreign country) Pennsylvania				12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Simon Bralove			14. MOTHER'S MAIDEN NAME Annie Koenig				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW 1	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x

Immediate cause (a) Cerebral Hemorrhage — 18 hrs.

93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertensive Heart Dis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to 4-28, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 12:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isidore Shulman	M.D.	915-19th St. NW Wash DC	4.28.50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/30/50	Adas Israel Cemt	Wash DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/28/50	J. Helm Dodd	B. Danzansky & Son	3501-14 St NW Wash. DC.

1565V

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
MAY 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04191

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4102 Ill Ave. N. W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Walter Brown

4. DATE OF DEATH (Month) (Day) (Year) April 20, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 21, 1870

9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard or Special policeman

10b. KIND OF BUSINESS OR INDUSTRY Airport Govt. None

11. BIRTHPLACE (State or foreign country) Wash. D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Jolliffe Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized atherosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1948 to 4-20, 1950, that I last saw the deceased alive on 4-19, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John S. Rogers M.D. ADDRESS 1009 Seminary Rd. Silver Spring Md. DATE SIGNED 4-20-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE April 20-1950 NAME OF CEMETERY OR CREMATORY Evergreen Cem LOCATION (City, town, or county) (State) ~~Washington D C~~

DATE REC'D BY LOCAL REG. Apr 20, 1950 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Washington D C

60247 Bladensburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04192

CERTIFICATE OF DEATH

Reg. Dist. No. 9-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen Hosp Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Bryan
4. DATE OF DEATH: (Month) 4/ (Day) 13/ (Year) 1957
5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/27/1882
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Watch Sub San Com.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Bryan
14. MOTHER'S MAIDEN NAME: Mary Va. Brazeal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Belle Bryan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 13 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stone right ureter — 3 days

602X
94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/11/, 1950, to 4/13/, 1950, that I last saw the deceased alive on 4/13/, 1950, and that death occurred at 3 a m., from the causes and on the date stated above.

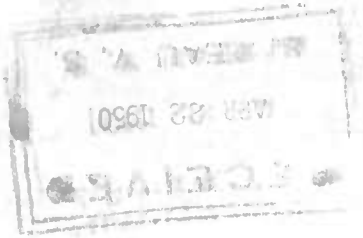
SIGNATURE J W Bird (Degree or title) M.D. ADDRESS Sandy Spring — DATE SIGNED 4/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 15, 1950 — NAME OF CEMETERY OR CREMATORY: Burtonsville Union — LOCATION (City, town, or county) (State): Burtonsville, Md.

DATE REC'D BY LOCAL REG. 4-14-50 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Silver Spring, Md.

60498



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04193

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 335 M St. S.W. ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (None) (Last) Burns
4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1 75
9. AGE last birthday: 75 yrs. If under 1 year: Months 00 Days 26 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Steward
10b. KIND OF BUSINESS OR INDUSTRY: Navy
11. BIRTHPLACE (State or foreign country): Atlanta, Georgia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) SpanAm War
16. SOCIAL SECURITY NO.
17. INFORMANT: Son: Harry S.Burns 1544 1ST ST SW Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194x Immediate cause (a) Sarcoma ~~Carcinoma~~ of Thyroid c metastases to lung — INTERVAL BETWEEN ONSET AND DEATH: ?

55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia. left lung—

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1950, to 4-27, 1950, that I last saw the deceased alive on 4-27, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. J. BIANCHARD, LTJG, MC, USN U.S. Naval Hospital Bethesda Md. 4/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1 May 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 4/30/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | FUNERAL DIRECTOR: J.T. RHINES & CO. ADDRESS: 901 3rd St SW Wash., D.C.

J.C.M. 73296

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MAY 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04194

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural) LENGTH OF STAY (in this place) 65 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda 14, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria D.C.
STREET ADDRESS (If rural, give location) 200 Rucker Place

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Jarvis (Last) BUTLER III
4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12-19-87
9. AGE last birthday 63 yrs. If under 1 year Months 4 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Army Reserve
10b. KIND OF BUSINESS OR INDUSTRY USAR
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Jarvis Butler II
14. MOTHER'S MAIDEN NAME Kate E. Franklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.
17. INFORMANT Son: John J. Butler, III RFD 4, White Oaks, Alex., Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181x Immediate cause (a) Bronchopneumonia

52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of bladder with bilateral pyelonephritis and uremia

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1950, to Apr. 29, 1950, that I last saw the deceased alive on Apr. 29, 1950, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE P. S. Dorman (Degree or title) ADDRESS DATE SIGNED
P. S. DORMAN, LTJG, MCR, USNR U.S. Naval Hospital, Bethesda, Md. 5/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY Rockcreek Cemetery LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. 5/2/50 REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR JOSEPH GAWLERS & SONS, 1756 Pa. Ave. N.W. Washington, D.C. ADDRESS

60896 9LE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04195

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (In this place): two days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine Rural
STREET ADDRESS (If rural give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	Robert	Bynaker	April	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 21, 1913	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Virginia	U.S.

13. FATHER'S NAME: William Bynaker

14. MOTHER'S MAIDEN NAME: Elizabeth Beaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	Unknown	Mrs. Lila Bynacker, Woodbine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tetanus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy - Chronic Bronchitis, Syphilis (treated)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6/ 1948, to 4/19, 1950, that I last saw the deceased alive on 4/19, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE: C. Harry Weer (Degree or title) MD ADDRESS: Sandy Spring, Md DATE SIGNED: 4/19/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 21 1950	Springfield	Sykesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 20, 1950	Gertrude B Lawler	C. Harry Weer, Sykesville, Md.

3089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 27 1950
BUREAU V. S.

04196

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): R.R. #2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mr Samuel A Carr Sr.
4. DATE OF DEATH (Month) (Day) (Year): April 1 1950

5. SEX: Male
6. COLOR OR RACE: Wh
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 9-6-1893
9. AGE fast birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk in court
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S. of N. Am.

13. FATHER'S NAME: Alexander Carr
14. MOTHER'S MAIDEN NAME: Nettie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Wife - R.R. #2 - Rockville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary thrombosis — 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Coronary sclerosis — 5 years

(c): Previous coronary thrombosis ① 3 days ② 3 years

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1950, to 4/1, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 12:50 P.M. 4-1-50, from the causes and on the date stated above.

SIGNATURE (Degree or title): Wells Webb M.D. — ADDRESS: Rockville Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-5-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 4-3-50 — REGISTRAR'S SIGNATURE: Helen Kurvalk — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda Md

26698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 4 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04197

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1mo 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 6605 2nd Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Graciano (Middle) (n) (Last) CARVAJAL

4. DATE OF DEATH (Month) (Day) (Year): April, 7, 1950

5. SEX: Male

6. COLOR OR RACE: Filipino

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-26-91

9. AGE last birthday: 58 yrs. — If under 1 year: Months: 05 Days: 11 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype Operator

10b. KIND OF BUSINESS OR INDUSTRY: Govt Print Of

11. BIRTHPLACE (State or foreign country): Samar, Phillipines

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Pasqual Carvajal

14. MOTHER'S MAIDEN NAME: Marcelina Epuea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Inocencia Carvajal, same as item

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure

444 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Uremia

132 (c) Hypertensive Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

#2 INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28, Feb, 19 50, to 7, April, 19 50, that I last saw the deceased alive on 7, April, 19 50 and that death occurred at 1115 A m., from the causes and on the date stated above.

SIGNATURE W J Smiles (Degree or title) ADDRESS: W.J. SMILES, LTJG, MC, USN, U.S.Naval Hosp, Bethesda, Md — DATE SIGNED: 4/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-14-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 4/10/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: Deal Funeral Home, 4812 Georgia Avenue, NW, Washington, DC

3097 Robert E Wellington

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04198

217

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Mont. Co. Gen. Hosp. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md. LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Highland Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Md~~ HIGHLAND
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ada (Last) Cecil

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1950

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Nov. 6 - 1868

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY House wife

11. BIRTHPLACE (State or foreign country) Ashton, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr. Richard Cissel

14. MOTHER'S MAIDEN NAME Margaret E. Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT Mrs. Mary Cecil Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cardiac c̄ pulmonary edema	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease c̄ myo-cardial insufficiency	5 years
	(c)	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 11 10/p m., from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED 4-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4-29-50

NAME OF CEMETERY OR CREMATORY St. Marks

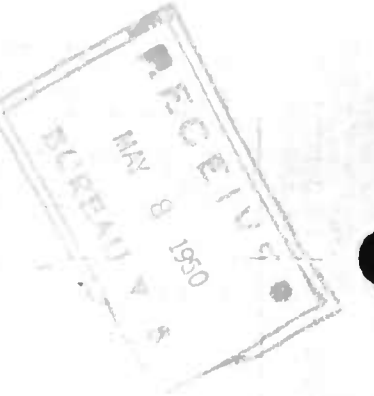
LOCATION (City, town, or county) (State) Highland, Md.

DATE REC'D BY LOCAL REG. 4/28/50

REGISTRAR'S SIGNATURE John B. Loughran Pu. B.E.L.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

May-1-50 Gertrude B Fowler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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04199

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 8102 Parkcrest Dr.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Christina (Last) Connor

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-6-90
9. AGE last birthday 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Holyoke, Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Daniel Freeman
14. MOTHER'S MAIDEN NAME Mary Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Peter A. Connor, 8102 Parkcrest Dr., S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 x Immediate cause	(a) Congestive Heart Failure	2 yrs
Antecedent cause(s) 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Cut Sclerosis Nephrosclerosis = terminal uremia	6 Mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1938, to Apr 5, 1950, that I last saw the deceased alive on 4-5, 1950, and that death occurred at 9 48 A m., from the causes and on the date stated above.

SIGNATURE Kenneth Daughein M.D. (Degree or title) ADDRESS 8252 Georgia Ave Silver Spring Md. DATE SIGNED 4-5-50.

23. BURIAL, CREMATION REMOVAL (Specify) Temporary Entomb.
DATE April 10, 1950
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crypt
LOCATION (City, town, or county) (State) Prince George's Co., Md.

DATE REC'D BY LOCAL REG. 4/9/50
REGISTRAR'S SIGNATURE J. Wm. D[illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

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APR 11 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04200

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4625 Home Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4625 Rosedale Ave.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) EVERETT (Last) COOK

4. DATE OF DEATH (Month) April, (Day) 29, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 19, 1877
9. AGE last birthday 73 yrs. If under 1 year Months 2 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto - Salesman
10b. KIND OF BUSINESS OR INDUSTRY Auto Business
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Owings Cook
14. MOTHER'S MAIDEN NAME Ida V. Ringold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-05-1898 A
17. INFORMANT AND ADDRESS Mrs L. M. Cook - 4625 Rosedale Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	11 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis of Coronary Arteries - Old myocardial	?
	(c) Infarction	11 months

420.1

94a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 21 May, 1949, to 29 April, 1950, that I last saw the deceased alive on 29 April, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE S. Richard Bauersfeld, M.D. (Degree or title) ADDRESS 7345 Wisconsin Ave. Bethesda Md DATE SIGNED 4-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/1/50
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) Prince George Co. (State) Md.

DATE REC'D BY LOCAL REG. 4-29-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04201

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Ar5

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural; LENGTH OF STAY (In this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural, give location) 609 C Street SW

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) William (Last) COVINGTON

4. DATE OF DEATH (Month) (Day) (Year): April, 11, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-12-14

9. AGE last birthday: 36 yrs. If under 1 year: Months 02 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vender - Huckster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bowling Green, Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Herman David Covington

14. MOTHER'S MAIDEN NAME: Sally Skinner Sale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mother: Sally Covington, same as item

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 **Immediate cause** (a) Cirrhosis of liver, early

Antecedent cause(s)

1246 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Broncho-pneumonia

(c) Pulmonary congestion and edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fatty metamorphosis of liver

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 6 19 50, to April, 11 19 50, that I last saw the deceased alive on April, 11 19 50, and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE Geo C Buchanan (Degree or title) ADDRESS G.C. BUCHANAN.LTJG,MC, USN,U.S.Naval Hosp. Bethesda,Md DATE SIGNED 4/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 4/16/50 NAME OF CEMETERY OR CREMATORY Lakewood Cemetery LOCATION (City, town, or county) (State) Bowling Green, Virginia

DATE REC'D BY LOCAL REG. 4/14/50 REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR AND ADDRESS W.W.Chambers, 1400 Chapin St, NW, Washington, DC 27261

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04202

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brookeville; MARYLAND; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brookeville; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) May (Last) CRAVER

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-3-76

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Benjamen ## Lare

14. MOTHER'S MAIDEN NAME: Jemima Sheets.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Charles Craver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	1 week
443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	years
	(c) Hypertension	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia	1 week

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to April 7, 1950, that I last saw the deceased alive on April 3, 1950, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE: Richard A. Yates (Degree or title) M.D. ADDRESS: Rt. 1 Silver Spring Md DATE SIGNED: April 8, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: April 10-1950; NAME OF CEMETERY OR CREMATORY: Junior Chapel; LOCATION (City, town, or county) (State): Frederick Co Md

DATE REC'D BY LOCAL REG.: 4-8-50; REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Roy W Barber; ADDRESS: Lantonsville Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04203

CERTIFICATE OF DEATH

Reg. Dist. No. 22B

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 Carroll Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 500 Carroll Avenue

3. NAME OF DECEASED (Type or Print) (First) ELEANOR (Middle) — (Last) CULLEN
4. DATE OF DEATH (Month) April (Day) 3 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 7, 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Bridgeport Conn
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Bee
14. MOTHER'S MAIDEN NAME Mary Cavanaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mary L. Poore, 500 Carroll Ave. Tak. Pk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 11 weeks

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis undetermined

(c) Hypertensive Heart Disease undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1949 to April 3, 1950, that I last saw the deceased alive on April 3, 1950, and that death occurred at 9:50 P m., from the causes and on the date stated above.

SIGNATURE George L Ball Md (Degree or title) ADDRESS 7835 Eastern Ave Silver Spring Md DATE SIGNED April 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 10, 1950.
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Lincoln Road, Wash. DC
DATE REC'D BY LOCAL REG. 4/4/50
REGISTRAR'S SIGNATURE J. Wilson D.D.S.
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW Wash DC ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04204

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAPLE LANE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 1815 HAMLIN ST. NE

3. NAME OF DECEASED (Type or Print) (First) ESTELLA (Middle) B (Last) DIXON
4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH NOV. 21, 1865
9. AGE last birthday 84 yrs. If under 1 year Months 4 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) WASH D.C.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME PETER CAMPBELL
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MRS ANDREW DIXON JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X Immediate cause (a) Acute Myocarditis

87d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Sclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1948, to 4-5, 1950, that I last saw the deceased alive on 4-5, 1950, and that death occurred at 6:17 P.M., from the causes and on the date stated above.

SIGNATURE Henry M. Lowden (Degree or title) M.D. ADDRESS 1603 19th St NW. Washington D.C. DATE SIGNED 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 4/8/50
NAME OF CEMETERY OR CREMATORY OCK HILL CEM
LOCATION (City, town, or county) WASHINGTON (State) D.C.

DATE REC'D BY LOCAL REG. apr 7/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Kiner Co ADDRESS 2901 14th St NW WASH. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04205

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clagettsville
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clagettsville md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FLETCHER (Middle) T (Last) DONNELLY

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar 16 1882

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY General Farm Work

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ross Donnelly

14. MOTHER'S MAIDEN NAME Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 2018-18-8155 Home

17. INFORMANT Lydia J Donnelly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardiovascular disease	4 years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis — 4 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 2, 1946, to April 4, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred at 2:15 A.M. m., from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Damascus, Md. DATE SIGNED 4/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 8, 1950

NAME OF CEMETERY OR CREMATORY Friend Ship

LOCATION (City, town, or county) Clagettsville Md (State)

DATE REC'D BY LOCAL REG. April 7 1950

REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

866VU

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APR 12 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

04206

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN Takoma Park; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN Silver Spring (Rural); STREET ADDRESS Rt #2 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Emma (Last) Emswiler

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Cauc

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 22, 1917

9. AGE last birthday: 32 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Colesville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Lechlider

14. MOTHER'S MAIDEN NAME: Mary Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastrointestinal hemorrhage — Interval between onset and death: 4 days

642.2 1488

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) uremia — unknown

(c) Chronic glomerulo-pyelo-nephritis & nephritis toxemia of pregnancy — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950, to April 4, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred at 9 17/A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis H. Moody, Jr., M.D. 8248 Geo. Ave. Silver Spring 4/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE: 4-6-50

NAME OF CEMETERY OR CREMATORY: Colesville Church Cem.

LOCATION (City, town, or county) (State): Colesville, maryland

DATE REC'D BY LOCAL REG. 4/4/50.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Robert C. Pumphrey

ADDRESS: Bethesda, Md.

RECEIVED
APR 9 1980
BUREAU OF L. M.

04207

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4914 Crescent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4914 Crescent

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Aloysious (Last) Fitzgerald

4. DATE OF DEATH (Month) Apr (Day) 13 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 7-14-1889
9. AGE last birthday 60 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick layer
10b. KIND OF BUSINESS OR INDUSTRY Construction work
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James J. Fitzgerald
14. MOTHER'S MAIDEN NAME Mary L. McKenna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S.A. World war 1
16. SOCIAL SECURITY NO. 578-01-2559
17. INFORMANT Nettie Fitzgerald

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-13-50

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE THEREOF 4-17-50
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 4-13-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 641-H-St. N.E.

306 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04208

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 mo 18 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Adirondack P. 6aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laural, Rural
STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Luke (Last) FORSYTHE

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-7-1900

9. AGE last birthday: 50 yrs. — If under 1 year: Months 05, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Edward FORSYTHE

14. MOTHER'S MAIDEN NAME: Carrie COLLINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I 11

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Stella FORSYTHE Same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	6 days
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 51b	(b) Carcinoma of Prostate c Bladder inversion	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan. 9, 1950, to Apr. 27, 1950, that I last saw the deceased alive on Apr. 27, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE: C. M. F. Beach — (Degree or title): LTJG, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, Bethesda Md. — DATE SIGNED: 4/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1 May 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 4/30/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. CHAMBERS, 5801 Cleveland Ave., Riverdale, Md.

308V

RECEIVED
MAY 1 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014209

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 4 hrs-; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Viers Mill Village; STREET ADDRESS (If rural, give location) 4317 Maham Rd.

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) (Last) Fowler

4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 4-24-50

9. AGE last birthday: newborn yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Suburban-Bethesda Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vernon Fowler

14. MOTHER'S MAIDEN NAME: Dorothy Elizabeth Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

762.5 **Immediate cause** (a) Prematurity & atelectasis — 3½ hrs

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mother fell thus bringing on early labor -

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Apr, 1950, to 24 Apr, 1950, that I last saw the deceased alive on 24 Apr, 1950, and that death occurred at 9:15 P a.m., from the causes and on the date stated above.

SIGNATURE Ralph Baker (Degree or title) M.D. ADDRESS 27 Ams DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 4-24-50

NAME OF CEMETERY OR CREMATORY Suburban Hosp

LOCATION (City, town, or county) (State) Bethesda

DATE REC'D BY LOCAL REG. 4-29-50

REGISTRAR'S SIGNATURE Ellen Kurnick

24. FUNERAL DIRECTOR Amelia C. Manry

ADDRESS Supt

20-4-24-0-23-3-22-2

RECEIVED
MAY 1 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04210

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 9 mo 7 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oregon COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portland
STREET ADDRESS (If rural, give location) 2753 NE 53rd Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Joseph (Last) FRANCIS

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-5-96

9. AGE last birthday: 53 yrs. If under 1 year: Months 08 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter & decorator

10b. KIND OF BUSINESS OR INDUSTRY: Contractor self

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph FRANCIS

14. MOTHER'S MAIDEN NAME: Laura GOULD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife: Margaret FRANCIS

18. MEDICAL CERTIFICATION: Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

160x Immediate cause (a) Carcinoma, Left antrum — Interval between onset and death: one year

55d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: July 26 1949

19b. MAJOR FINDINGS OF OPERATION: Epidermoid Carcinoma grade III

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949, to Apr 27, 1950, that I last saw the deceased alive on Apr 27, 1950, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. A. THOMPSON, LTJG, MCR, USNR U.S. NAVAL HOSPITAL, Bethesda, Md. 5/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 4-27-50

NAME OF CEMETERY OR CREMATORY: Magnolia Cemetery

LOCATION (City, town, or county) (State): Charleston, S. Carolina

DATE REC'D BY LOCAL REG. 5/2/50

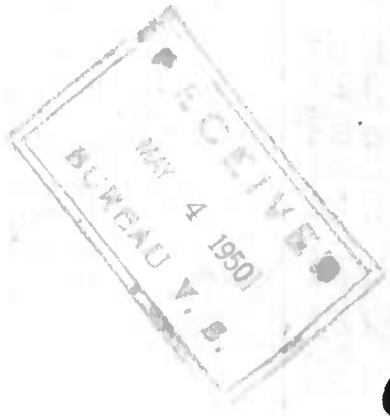
REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. CHAMBERS, 3072 M St. NW Washington, D.C

ADDRESS

P.J.K. 34049

VS. A15


RECEIVED
MAY 4 1950
BUREAU V. S.

04211

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2515 Holman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 4420 Greenwich Parkway NW
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): Byron (First) Glenn (Middle) S. (Last) Gable

4. DATE OF DEATH (Month) (Day) (Year): April 12 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED (Specify)
8. DATE OF BIRTH: Jan. 20, 1865
9. AGE last birthday: 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teacher War Dept.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Gable
14. MOTHER'S MAIDEN NAME: Elizabeth Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Nephew: Mr. Radford Burkey - 4420 Greenwich Pkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia with respiratory failure — 2 days

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — ?

(c) Cerebral Hemorrhage — 2 days

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Senility, arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1950, to April 12, 1950, that I last saw the deceased alive on April 12, 1950, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE: Philip E. Jones, Md. (Degree or title) — ADDRESS: 909 Ellsworth Drive, Silver Spring, Md. — DATE SIGNED: 4/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4-17-50 — NAME OF CEMETERY OR CREMATORY: Mennonite Brethern Ow. — LOCATION (City, town, or county) (State): Zionville, Penna

DATE REC'D BY LOCAL REG.: 4/13/50 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: S. H. Hines Co. — ADDRESS: 2901 14 St. N.W.

XVX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1950
RI'WEAU

04212

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 48 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6815 Eastern Ave.

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Lorena (Last) Gleyre

4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 28, 1896
9. AGE last birthday 53 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Parkersburg, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dr. James Madison Walker
14. MOTHER'S MAIDEN NAME Ulida C. Leggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. not available
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
157X	Immediate cause	(a) Carcinoma of Pancreas	One yr. ?
	Antecedent cause(s)		
46g	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Ca of lungs, liver, Kidneys	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1950, to 4/10, 1950, that I last saw the deceased alive on 4/10, 1950, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE Robert A Hare MD (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 4/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 14, 1950
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Parkersburg, West Va.

DATE REC'D BY LOCAL REG. 4/11/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walker ADDRESS 254 Carroll St NW Takoma Park, DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 14 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04213

Reg. Dist. No. 214

#8-9 change shown on

FILM No. G 125 MAY 10 1950

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8105 Hartford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Mtg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8105 Hartford Ave

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) H. (Last) HAMMETT

4. DATE OF DEATH: (Month) Apr (Day) 27 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 23 1863
9. AGE last birthday: 87 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charlestown Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Geiger
14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: William F. Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1946, to 4-27, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE: Dean H. Harding (Degree or title) M.D. — ADDRESS: 113 Carroll St NW Wash DC — DATE SIGNED: 4-27-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: Apr. 29, 1950 — NAME OF CEMETERY OR CREMATORY: Monocacy Cemetery — LOCATION (City, town, or county): Beallsville (State) Md

DATE REC'D BY LOCAL REG.: 4/27/50 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04214

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 05 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural U.S.NAVAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairfax
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Duncan (Middle) (n) (Last) HANNEGAN
4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-5-72
9. AGE last birthday: 78 yrs. If under 1 year: Months 3 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Topographical
11. BIRTHPLACE (State or foreign country): Washington, D.C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Selman HANNEGAN
14. MOTHER'S MAIDEN NAME: Mary NELSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Son: E.A. HANNEGAN, CAPT, USN 926 South 26th St., Arlington, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 4 days

610 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1070 (b) Lowered renal function — 6 months

(c) Prostatic hypertrophy & infection — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1950, to April 10, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 0545 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C.F. Beach, LTJG, MC, USN — ADDRESS U.S. NAVAL HOSPITAL — DATE SIGNED 10 Apr 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 4-13-50 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 4/11/50 — REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. CHAMBERS — ADDRESS: 3072 M St. NW Washington, D.C.

O.M.K.

V 1643

RECEIVED
APR 14 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04215

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Beaver
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aliquippa
STREET ADDRESS (If rural give location): 240 Kiehl St.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) J (Last) Hayden
4. DATE OF DEATH: (Month) Apr (Day) 1 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Mar. 19, 1890	60 yrs.		12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Yugoslavia	U.S.A.

13. FATHER'S NAME: Jovo Vujnovich
14. MOTHER'S MAIDEN NAME: Milica Mrvos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	Unknown	Nedelle Hayden Ciganovic-5 2nd St. Youngwood, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8195 Immediate cause (a) Cerebral laceration — Interval Between Onset and Death: 2 hrs.

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Multiple head & face laceration

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Comp. fracture rt wrist

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway	(CITY OR TOWN): Youngwood	(COUNTY): monty	(STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 31 50 6 P.M.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? auto accident	Collision with fire hydrant	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouvrant M.D.		Youngwood Pa	4-1-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial-transit	4/1/50	Aliquippa	Aliquippa	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-2-50	Helen Kovach	Robert A. Pumphrey Reg. N.J.D.	Bethesda, Md.

VS. A15A

RECEIVED
APR 4 1950
U. S. BUREAU

04216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland ~~3932 McKinley St~~ COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md.
STREET ADDRESS (If rural, give location) 3932 McKinley St.

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Higgins
4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1950

5. SEX male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) m
8. DATE OF BIRTH Aug. 18, 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Education Supervisor Dept Int 718 Govt
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stanish, Maine
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry A. Higgins
14. MOTHER'S MAIDEN NAME Margaretta Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	4 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of right testicle	1 yr.
	(c)	

178x
51C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1950, to Apr. 29, 1950, that I last saw the deceased alive on Apr. 27, 1950 and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. D.C. DATE SIGNED Apr 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF April 29 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REG. 4-29-50
REGISTRAR'S SIGNATURE Helen Kurvalt
24. FUNERAL DIRECTOR Deal Funeral Home 4812 La Ave N.W. Wash. DC ADDRESS

11297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1950
U.S. DEPARTMENT OF

04217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1hr 15min	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 1015 L St, NW

3. NAME OF DECEASED (Type or Print)	(First) Stanley	(Middle) (n)	(Last) HOFFMAN	4. DATE OF DEATH (Month) (Day) (Year) April, 3, 1950 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 4-8-00	9. AGE last birthday: 49 yrs. If under 1 year: Months 11, Days 25; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sergeant Retired	10b. KIND OF BUSINESS OR INDUSTRY: Marine Corps	11. BIRTHPLACE (State or foreign country): New York	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Staven Skwieralski		14. MOTHER'S MAIDEN NAME: Anna Kenarski		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Self on admission		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Anoxia — Unknown

581.0 Antecedent cause(s)

124 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hepatic cirrhosis, Severe

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3, April, 1950, to 3, April, 1950, that I last saw the deceased alive on 3, April, 1950, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE: Geo. C. Buchanan (Degree or title) ADDRESS: G.C. BUCHANAN, LTJG, MCR, USNR, U.S. Naval Hospital, Bethesda, Md — DATE SIGNED: 4/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4-4-50	NAME OF CEMETERY OR CREMATORY: Holy Setulcher Cem.	LOCATION (City, town, or county) (State): Rochester, New York
DATE REC'D BY LOCAL REG.: 4/4/50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: Wastler Funeral Home, 301 East Capitol St, Washington, DC	ADDRESS

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04218

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Rural Route #3

3. NAME OF DECEASED (Type or Print): (First) Walter; (Middle) Edward; (Last) HOLSEY

4. DATE OF DEATH: (Month) (Day) (Year) April, 3, 1950 19

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-24-23

9. AGE last birthday: 27 yrs. If under 1 year: Months 01, Days 09; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Granville Holsey

14. MOTHER'S MAIDEN NAME: Edna Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes; (If year, give war or dates of service) WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Betty Holsey, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis Purulent. — Interval Between Onset and Death: 5 days

340.3 Antecedent cause(s)

81a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, April, 1950, to 3, April, 1950, that I last saw the deceased alive on 3, April, 1950, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE D.E. Billamn ltr (Degree or title) ADDRESS D.E. BILLAMN, LTJG, MC, USN, U.S.Naval Hospital, Bethesda, Md DATE SIGNED 4/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 4-7-50; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 4/4/50; REGISTRAR'S SIGNATURE Elizabeth Willett; FUNERAL DIRECTOR AND ADDRESS W.E. Jarvis, 1432 U St, NW, Washington, DC

000 W J.W.H

RECEIVED
APR 5 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

04219

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): sudden death	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5534 Manning Dr.	STREET ADDRESS (If rural, give location): 5706 Glenwood Rd.

3. NAME OF DECEASED (Type or Print)	(First) Ray	(Middle) Ryman	(Last) Huffman	4. DATE OF DEATH	(Month) April	(Day) 6	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Oct. 21, 1893	9. AGE last birthday: 56 yrs.	If under 1 year: Months 5, Days 15	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Mail	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Joseph M. Huffman	14. MOTHER'S MAIDEN NAME: Mary Hupp						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. J. Paul Bowker - Daughter					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — sudden death

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell dead while delivering mail

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart M.D. (Degree or title) ADDRESS: Gaithersburg Md DATE SIGNED: 4-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 4-10-50	NAME OF CEMETERY OR CREMATORY: Rockville Union Cem.	LOCATION (City, town, or county): Rockville (State): Md.
DATE REC'D BY LOCAL REG.: 3-7-50	REGISTRAR'S SIGNATURE: Helen Kurvacks	24. FUNERAL DIRECTOR: Robert A. Pumphrey	ADDRESS: Bethesda, Md.

xvx 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 10 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04220

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 hrs. 55 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3016 Tilden St. N.W. Apt. 103

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) A. (Last) Hazett
4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 12, 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supt. for Govt.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Winchester, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Eugene T. Hazett
14. MOTHER'S MAIDEN NAME Margaret Timberlake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Susan Hazett 3016 Tilden St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage into stomach	4 hours
462.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Esophageal Varices.	?
93d	Plus (c) Congestive heart failure.	12 hours.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1950, to 4/19, 1950, that I last saw the deceased alive on 4 April, 1950, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE Joseph W. Cooch (Degree or title) M.D. ADDRESS 915-19th St NW, Washington DC DATE SIGNED 20 Apr 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-22-50
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Bladensburg Md. (State)
DATE REC'D BY LOCAL REG. 4-20-50
REGISTRAR'S SIGNATURE Helen Rurvack
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Wash D.C.

11297

RECEIVED
APR 22 1950
BUREAU V. S.

EVA MAY JACK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04221

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington San. and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 806 Flower Ave.

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) May (Last) Jack

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-10-1889

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Wilmington Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Faust

14. MOTHER'S MAIDEN NAME: Elizabeth M. Cowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Breast, Left — Interval Between Onset and Death: Apr 1946

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/16/46

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Breast, Left

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3/49, to 4/12/50, that I last saw the deceased alive on 4/11/50, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Howard Snook M.D. 28 Candle Ave Takoma Park Md. 4/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: April 14 1950 — NAME OF CEMETERY OR CREMATORY: GEO. WASHINGTON MEMORIAL — LOCATION (City, town, or county) (State): Riggs Rd. Hyattsville Md.

DATE REC'D BY LOCAL REG. 4/12/50 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: J. ARTHUR WALTERS, 254 CARROLL ST, N.W. TAKOMA PARK 12, D.C.

RECEIVED
APR 14 1950
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04222

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 12yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Youngerman Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1121 Hawthorne St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) (Last) James

4. DATE OF DEATH: (Month) Apr. (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11 Nov 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Bacon James

14. MOTHER'S MAIDEN NAME: Elizabeth Faris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Francis B. James-Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE CONGESTIVE HEART FAILURE	14 HOURS
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1950, to 4-12, 1950, that I last saw the deceased alive on 4-11, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gordon S. Rosenberger, M.D. ADDRESS: Rockville, Maryland DATE SIGNED: 4-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE: 4/13/50
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 4/12/50
REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

RECEIVED
APR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04223

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, Institution, or street address where death occurred:
8117 Hartford St

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Virginia County Page

City or town Luray
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D.
(If rural, give LOCATION)

2.(a) If veteran, name war Mo.

3.(a) FULL NAME Seldon Clinton Jenkins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Minnie Catherine Jenkins

6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb 12 - 1882

8. AGE:

Years	Months	Days	If less than one day
68	2	14	..... hrs. ..... min.

9. Birthplace Stanly Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Elza Jenkins
13. Birthplace Virginia

MOTHER
14. Maiden name Dolly Stoneberger
15. Birthplace Virginia

16. Informant Willard Jenkins

Address 8117 Hartford St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 27-50 (month) (day) (year)

Cemetery or ~~crematory~~ Evergreen Cemetery

Location Luray, Virginia

18. Funeral director Joseph F. Bucks Sen.

Address 3034 M. St. N.W. Washington D.C.

19. 4/27/50 (Date rec'd by registrar) 19 Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1950, at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-23 1950, to 4-26 1950 and that I last saw him alive on 4-24 1950

Immediate cause of death Heart Block

Due to Coronary Arteriosclerosis

Due to Generalized Arteriosclerosis

Other conditions 420.1 94a (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

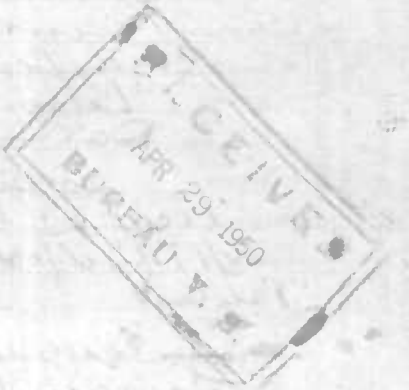
23. SIGNATURE Dean H. Harding M.D. M. D. or other

Address 113 Carroll St N.W. Wash. D.C. Date signed 4-26-50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
APR 29 1950
BUREAU V. S.

04224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 6mo 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover Hills
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): Columbia Park

3. NAME OF DECEASED (Type or Print)	(First) Sever	(Middle) (n)	(Last) JOHNSON	4. DATE OF DEATH	(Month) April, (Day) 7, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 2-15-92	9. AGE last birthday: 58 yrs.	If under 1 year: Months 01, Days 27; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.	11. BIRTHPLACE (State or foreign country): Norway	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: John Johnson	14. MOTHER'S MAIDEN NAME: Inga Hogaland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife: Charlotte Johnson, same as item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X **Immediate cause** (a) Adenocarcinoma Colon

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6, Oct., 1950, to 7, April, 1950, that I last saw the deceased alive on 7, April, 1950, and that death occurred at 5:55P m., from the causes and on the date stated above.

SIGNATURE: J.M. Hanner (Degree or title) ADDRESS: J.M. HANNER, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md — DATE SIGNED: 4/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11 apr 50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 4/10/50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. Chambers, 5801 Cleveland Ave, Riverdale, Maryland	ADDRESS: W.A.H.

34097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04225

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (In this place) 3 mos 07 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4825 Willett Parkway

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Edwin (Last) JORDAN
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-10-19
9. AGE last birthday: 30 yrs. If under 1 year: Months 09, Days 13; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. NAVY ACTIVE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: H. F. JORDAN
14. MOTHER'S MAIDEN NAME: May CRISSIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wife: Mrs. Jo Ann JORDAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lymphosarcoma Mediastinal — 1yrt

200.1 Antecedent cause(s)

47f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Same as item # 2

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work [ ] Not While At work [ ] | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 1950, to Apr. 23, 1950, that I last saw the deceased alive on Apr 23, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. HANNER, CDR, MC, USN U.S. NAVAL HOSPITAL, Bethesda Md. 4/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE Apr 24, 1950 | NAME OF CEMETERY OR CREMATORY: Cottonwood | LOCATION (City, town, or county) (State): Bryson, Texas Jacksboro Tex.

DATE REC'D BY LOCAL REG. 4/25/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 East Capitol St., Washington, D.C. $200

60846

VS-A15

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04226

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Springs (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2 years

Hospital, Institution, or street address where death occurred: 9805 Brunette Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Silver Springs (If outside city or town limits, write RURAL and give nearest town)

Street No.: 9805 - Brunette Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: KALMAN KALMANOWITZ

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Elsie

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): About 1887

8. AGE: Years: 62 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Austria (Town, county, and state)

10. Usual occupation: Furrier

11. Industry or business

FATHER: 12. Name: Chaim Kalmanowitz

13. Birthplace: Austria

MOTHER: 14. Maiden name: unknown

15. Birthplace

16. Informant: Nathaniel Kalman

Address: 3318 Buchanan St N.E. Mt Rainier Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr-14-1950 (month) (day) (year)

Cemetery or crematory: Mt. Hebron Cemetery Flushing L I

Location: New York N.Y.

18. Funeral director: B Danzansky & Son

Address: 3501 - 14th St N.W.

19. 4/13/50 (Date rec'd by registrar) 19 Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 12 1950, at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-24 1948, to 4-12 1950 and that I last saw h. 1 M alive on 4-12 1950

Immediate cause of death: Myocardial Infarction — DURATION: 7 hrs.

Due to: Coronary Thrombosis

Due to: Coronary arteriosclerosis

Other conditions: Diabetes Mellitus

420.1

(Include pregnancy within 3 months of death)

61

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Sanford J. Randall, M.D. M.D. or other

Address: 7730 Eastern Ave N.W. Date signed: 4-12-50

15665

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 14 1950
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04227

Reg. Dist. No. 215

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A16

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 3mo 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 5020 Belt Drive, NW

3. NAME OF DECEASED (Type or Print): (First) Luis; (Middle) H; (Last) KAUFMAN

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-1-91

9. AGE last birthday: 59 yrs. If under 1 year: Months: 03 Days: 08 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Navy Dept

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isidor Kaufman

14. MOTHER'S MAIDEN NAME: Rosa Beiber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Irene Kaufman, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X Immediate cause (a) Cachexia — Interval Between Onset and Death: 4 mo.

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma, colon — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 949

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, colon

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8, Dec, 19 49 to 7, April, 19 50, that I last saw the deceased alive on 7, April, 19 50, and that death occurred at 1230 A m., from the causes and on the date stated above.

SIGNATURE A.C. Hering

(Degree or title) A.C. HERING, LT, MC, USN

ADDRESS U.S. Naval Hosp, Bethesda, Md

DATE SIGNED 4/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4/10/50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REG. 4/10/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Chevy Chase Funeral Home,

ADDRESS: 5101 Wisconsin Ave, NW Wash. D.C.

21077 E.A.A.

RECEIVED
APR 11 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04228

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1258 Morse St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Louisa (Last) Kaye
4. DATE OF DEATH (Month) April (Day) 24 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 15, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Schirkolk
14. MOTHER'S MAIDEN NAME Christine Hellmig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular	
	(c) disease (Chr failure)	4 mos.

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9/, 1948, to 4/24/, 1950, that I last saw the deceased alive on 4/24/, 1950, and that death occurred at 10 35 A m., from the causes and on the date stated above.

SIGNATURE Howard Moore (Degree or title) MD ADDRESS 28 Carroll Ave Takoma Park Md DATE SIGNED 4/24/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 4/26/50
NAME OF CEMETERY OR CREMATORY Woodlawn Cem
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. April 24/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Murton W. Hzsongh ADDRESS 1300 N. St N.W. Wash. D.C.

RECEIVED
APR 26 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04229

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital, Takoma Park

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5418 - 9th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Keyser
4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10-21-1911
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Manassas Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Howard Varner
14. MOTHER'S MAIDEN NAME: Bewsie Lough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 6 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Intracapillary Glomerular Sclerosis — 6 years

(c) Hypertensive Cardio Vascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

260x

442x

61

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 4/11, 1950, that I last saw the deceased alive on 4/11, 1950, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE: Benjamin Isaacson, M.D. (Degree or title) — ADDRESS: 7896 Georgia Ave. Silver Spring, Md. — DATE SIGNED: 4/12/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 4/14/50. — NAME OF CEMETERY OR CREMATORY: Church of the Brethren — LOCATION (City, town, or county) (State): Manassas, Va.

DATE REC'D BY LOCAL REG.: 4/12/50. — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: W. R. Huntemann — ADDRESS: 5732 Ga. Ave. N.W. Wash. D.C.

RECEIVED
APR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04230

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7200 Old Chester Rd.	STREET ADDRESS (If rural, give location) 7200 Old Chester Rd.

3. NAME OF DECEASED (Type or Print)	(First) Harmon	(Middle) King	(Last) Kicklighter	4. DATE OF DEATH	(Month) April	(Day) 17	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec.6,1883	9. AGE last birthday 66 yrs.	If under 1 year Months 4	Days 11	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Promoter-Minerals	10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (State or foreign country) Atlanta, Georgia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Fredrick Kicklighter		14. MOTHER'S MAIDEN NAME Violet King					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT Dr. Andrew J. Brennan					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	4-17-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 4/20/50	NAME OF CEMETERY OR CREMATORY Arlington National Cem	LOCATION (City, town, or county) Arlington	(State) Va.
DATE REC'D BY LOCAL REG. 4-18-50	REGISTRAR'S SIGNATURE Helen Kurvalk	24. FUNERAL DIRECTOR Robert R. Pumphrey	ADDRESS Bethesda, Md.	

45499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04231

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Purdum Md
LENGTH OF STAY (in this place) At birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Purdum Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLET (Middle) SMITH (Last) KING

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 5, 1904

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Nursery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Middleton M King

14. MOTHER'S MAIDEN NAME: Frances R. Wotes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Addie R. King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	

422.1
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 16 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1950, to April 5, 1950, that I last saw the deceased alive on April 5, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE: James P. Kerr (Degree or title) M.D. ADDRESS Hamasers, Md. DATE SIGNED 4/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 9, 1950

NAME OF CEMETERY OR CREMATORY: Mountain View

LOCATION (City, town, or county) (State): Purdum Md

DATE REC'D BY LOCAL REG.: April 8, 1950

REGISTRAR'S SIGNATURE: Della K Burdette

24. FUNERAL DIRECTOR: Roy W Barker ADDRESS Taylorsville Md

8666

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU
RECEIVED
APR 14 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04232

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND Kensington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prospect St, Extended

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) Prospect St, Extended

3. NAME OF DECEASED (Type or Print): (First) DEYO (Middle) RALPH (Last) KNIGHT
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1-29-1884
9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worked for F.H.A.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't
11. BIRTHPLACE (State or foreign country): Grombley Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Warren
14. MOTHER'S MAIDEN NAME: Apelinda Mercer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Kathryn Knight - 904 Phila Ave Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aneurism - Abdominal - Dissecting — yrs.

Antecedent cause(s) 443X 96

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized — yrs.

(c) Hypertensive Heart Disease — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/50, 19....., to 4/21/50, 19....., that I last saw the deceased alive on 4/21/50, 19....., and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE: Samuel Allen (Degree or title) MD — ADDRESS: Kensington Md — DATE SIGNED: 4/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/24/50 — NAME OF CEMETERY OR CREMATORY: Weston Ohio — LOCATION (City, town, or county) (State): Weston, Ohio

DATE REC'D BY LOCAL REG.: Apr 21/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Martin W. Hysong — ADDRESS: 1300 N. St. N.W.

XVX97

Dr. Broschart, Coroner, Notified
By Dr. Allen and Will approve -
Dr. Theo. J. Abernathy has attended
this patient for a number of
months in Washington, D. C.

Dr. Samuel Allen,
4/21/50

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04233

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colesville Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural give location) Silver Sp - RFD 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Elizabeth agnes Leigear

4. DATE OF DEATH (Month) (Day) (Year) Apr 2nd 1950

5. SEX fem.

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Aug 25-1866

9. AGE last birthday 83 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Md -

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Wm Bryan

14. MOTHER'S MAIDEN NAME Mary Ann Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs B. L. Grimes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholecystitis	15 yrs
	(c) ~~Cert~~	

585X

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme age

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? ~~Yes~~ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Mar 25, 1950, to Apr 1 —, 1950, that I last saw the deceased alive on Apr 1 —, 1950, and that death occurred at 12 H.O.P. m., from the causes and on the date stated above.

SIGNATURE Chas C Tumbleson (Degree or title) MD ADDRESS Sandy Spring, Md. DATE SIGNED Apr 2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 5, 1950

NAME OF CEMETERY OR CREMATORY Burtonsville Union Cemetery

LOCATION (City, town, or county) (State) Burtonsville, Montgomery, Md.

DATE REC'D BY LOCAL REG. Apr 4/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04234

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Islington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 812 Islington Street

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) EMMA (Last) Lerario

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 17, 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. Moyer
14. MOTHER'S MAIDEN NAME Margaret Fillinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Pasquale Lerario (husband) & Clinton J. Moyer (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage.

903.0 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Blow on head with probable skull fracture

(c)

INTERVAL BETWEEN ONSET AND DEATH: Undetermined between a few seconds to 14 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Silver Spring (COUNTY) Montgomery (STATE) Md.
TIME OF INJURY (Month) April (Day) 13 (Year) 1950 (Hour) 5:05 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Patient fell in bathroom, apparently (door was closed)

22. I hereby certify that I attended the deceased from April 12, 1950, to April 13, 1950 that I last saw the deceased alive on April 12, 1950, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William O. Bailey Jr. MD
ADDRESS 2015 R St N.W. Wash D.C.
DATE SIGNED 4/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation + burial
DATE April 14 1950
NAME OF CEMETERY OR CREMATORY Allegheny Cemetery
LOCATION (City, town, or county) (State) Pittsburg, Pa.

DATE REC'D BY LOCAL REG. Apr 14/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS Silver Spring, Md.

RECEIVED
APR 17 1950
BUREAU V. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04235

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendship Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5040 New Hampshire Ave NW

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) M. (Last) McCord
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 1-4-1897
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: ARTHUR M.
14. MOTHER'S MAIDEN NAME: BLANCHE B.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. A.V. RUSSELL = FRIEND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of lung	2 months
	(c) Carcinoma of breast	1½ years

170 x 50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to April, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above. 4-29-50

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W.K. Billingsley Jr. M.D. — 1801 Eye St. N.W. Wash. D.C.

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE THEREOF May 1 1950 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Prince Geo's County Md.

DATE REC'D BY LOCAL REG. 4-29-50 | REGISTRAR'S SIGNATURE Helen Kurowski | 24. FUNERAL DIRECTOR — ADDRESS Jos. Rawlings Sons, Wash. D.C.

XVX 99

RECEIVED
MAY 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04236

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 Ames Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 134 Ames Rd.

3. NAME OF DECEASED (Type or Print) (First) Denise (Middle) Lynn (Last) McCoy

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 2-28-50
9. AGE last birthday yrs. If under 1 year Months 1 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond H. McCoy
14. MOTHER'S MAIDEN NAME Jeannine Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Raymond H McCoy (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestion and Edema of Lungs

527.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Infection Etiology?

114e

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 18, 1950
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Arlington Co., Va.

DATE REC'D BY LOCAL REG. Apr 19/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

9-R-2-28-0-00-R-99-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04237

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westmorland Hills
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5303 Mass. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westmorland Hills
STREET ADDRESS (If rural, give location) 5303 Mass. Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Clark (Last) McGrew

4. DATE OF DEATH (Month) Apr (Day) 2 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-26-1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) India
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George H. McGrew
14. MOTHER'S MAIDEN NAME Anna J. Lore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dallas D. L. McGrew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in room at home.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosrhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-2-50

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 4/2/50 NAME OF CEMETERY OR CREMATORY Lees Crematorium LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 4-3-50 REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Harry L Slye ADDRESS Washington DC.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 4 1950
BUREAU V. S.

Evidence for addtion of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04238

FILM No. G 126 MAY 22 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Hissey's Rest Home River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6611 Hillmead Rd.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) J. (Last) Means
4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 18, 1865
9. AGE last birthday: 84 yrs. — If under 1 year: Months 10 Days 18 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. G. Henry
14. MOTHER'S MAIDEN NAME: Eliza Hook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: W.H.Means-6611 Hillmead Rd., Beth.Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) (a) Respiratory Failure	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Fracture of left arm + left leg	2 mo.
450.0 1860	(c) Arteriosclerosis + Embolic Phenomena	2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Contributory desc — (CITY OR TOWN): St. Marysville — (COUNTY): — (STATE): Tennessee
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. Jan 6, 1950 m. — INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? pushing chair across floo and hit heating register, - toppled over. (5/22/1950 akc)

22. I hereby certify that I attended the deceased from 2/24, 1950, to 4/6, 1950, that I last saw the deceased alive on 4/4, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Y. Jaggers Jr. M.D. — ADDRESS: 5707 Wisconsin Ave Chevy Chase — DATE SIGNED: 4/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit 4/6/50 — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Magnolia Cemetery — LOCATION (City, town, or county): Maryville — (State): Tenn.

DATE REC'D BY LOCAL REG. 4-6-50 — REGISTRAR'S SIGNATURE: Helen Kurrack — 24. FUNERAL DIRECTOR: Robert C. Crumbaugh — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

04239

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8722 Manchester Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8722 Manchester Rd.

3. NAME OF DECEASED (Type or Print): (First) BYRON (Middle) STOVER (Last) MEEK

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 6, 1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor - retired

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt.

11. BIRTHPLACE (State or foreign country): Altoona, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Meek

14. MOTHER'S MAIDEN NAME: Mary Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 160-16-5462

17. INFORMANT AND ADDRESS: Wife: Mrs. Mildred B. Meek - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Renal Disease	8 years
	(c) Bronchial Asthma	60 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 4/25, 1950, to 4/28, 1950, that I last saw the deceased alive on 4/28, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE: Merrill M. Cross (Degree or title): M.D. ADDRESS: 8728 Georgia ave. Silver Spring, Md. DATE SIGNED: 4/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: April 30, 1950 — NAME OF CEMETERY OR CREMATORY: Altarest Cemetery — LOCATION (City, town, or county) (State): Altoona, Blair County Pa.

DATE REC'D BY LOCAL REG.: May 1/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

21097

RECEIVED
MAY 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04241

Reg. Dist. No. 212

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg | LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg
STREET ADDRESS (If rural, give location): ~

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) EDSEL (Last) METZGER JR

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1950

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: April-3-50 | 9. AGE last birthday: 0 yrs. | If under 1 year: Months 0, Days 0 | If under 24 hrs.: Hours 1, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~ | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Clarksburg, Montgomery Co., Md. | 12. CITIZEN OF WHAT COUNTRY?: ~

13. FATHER'S NAME: Martin Edsel Metzger | 14. MOTHER'S MAIDEN NAME: Peggy Lou Lancaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Peggy Lou Metzger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Miscarriage — 6 months pregnancy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): ~
(c): ~

776x
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: ~

19a. DATE OF OPERATION: ~ | 19b. MAJOR FINDINGS OF OPERATION: ~ | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ~ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ~ | (CITY OR TOWN): ~ | (COUNTY): ~ | (STATE): ~

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ~ | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?: ~

22. I hereby certify that I attended the deceased from Oct-, 1949, to April 3, 1950, that I last saw the deceased alive on April-3-, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William C. Miller, M.D. | 7 Brooke Ave., Gaithersburg, Md. | 4/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/4/50 | NAME OF CEMETERY OR CREMATORY: Clarksburg Methodist | LOCATION (City, town, or county) (State): Clarksburg Md.

DATE REC'D BY LOCAL REG.: 4/3/50 | REGISTRAR'S SIGNATURE: Mrs. C.C. Hilton By Mrs. W.B.H. | 24. FUNERAL DIRECTOR: Wm. B. Hilton | ADDRESS: Barnesville Md.

1-9-4-3-0-17-1-27-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 18 1950
BUREAU OF V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04241

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montg.Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place): 10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 7 Russel Ave

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Georgia (Last) Meyer

4. DATE OF DEATH: (Month) 4 (Day) 5th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 23

9. AGE last birthday: 1897, 52 yrs. If under 1 year: Months. 11 Days. If under 24 hrs.: Hours. Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: "

11. BIRTHPLACE (State or foreign country): Willmot. Pa,

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William Kuhne

14. MOTHER'S MAIDEN NAME: Elizabeth Schmour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Henry L. Meyer. Gaithersburg Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157x **Immediate cause** (a) Carcinoma of pancreas with

Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General metastasis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 4 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1950, to Apr 5, 1950, that I last saw the deceased alive on Apr 5, 1950, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J Brochart M.D. Gaithersburg Md 4-7-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4/8/50

NAME OF CEMETERY OR CREMATORY: Forest Oak

LOCATION (City, town, or county) (State): Gaithersburg Md

DATE REC'D BY LOCAL REG.: Apr 8, 1950

REGISTRAR'S SIGNATURE: Blanche L Cooke

24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg Md,

RECEIVED
APR 10 1950
BUREAU V. S.

04242

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillandale — LENGTH OF STAY (in this place): 6 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillandale
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10225 New Hampshire Ave Ext	STREET ADDRESS (If rural, give location): 10 225 New Hampshire Ave. Extended

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Katherine	(Last) Mooney	4. DATE OF DEATH	(Month) April (Day) 8 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: March 21 1875	9. AGE last birthday: 75 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: own Home	11. BIRTHPLACE (State or foreign country): Stanton Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Thomas J. Shafer	14. MOTHER'S MAIDEN NAME: Laura Margaret Gibbs				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: William S. Dodson			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia with Respiratory failure — ?

Antecedent cause(s)

420.1 (b) Generalized Arteriosclerosis with coronary occlusion — ?

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertensive Heart Disease with congestive failure — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from March 10, 1950, to April 8, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 6:13 A.m., from the causes and on the date stated above.

SIGNATURE: Philip E. Jones M.D. (Degree or title) (for Dr. W. N. Moore) ADDRESS: 805 Carroll Ave Takoma Park, Md DATE SIGNED: 4/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Apr 11, 1950	NAME OF CEMETERY OR CREMATORY: Thorn Rose Cemetery	LOCATION (City, town, or county): Staunton,	(State): Virginia
DATE REC'D BY LOCAL REG.: Apr 10/50	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: J. ARTHUR WALTERS, 254 CARROLL ST NW TAKOMA PARK, D.C.	ADDRESS	

RECEIVED
APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04243

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21-4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4306 Makan Rd Sligo Mill Village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4306 Makan Rd Sligo Mill Village

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bernard	Vincent	Moran Sr.	Apr.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	married	3-10-1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Armored Truck R.R. Express.
11. BIRTHPLACE (State or foreign country): Wash. DC.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard J. Moran
14. MOTHER'S MAIDEN NAME: Elsie M. Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 714-07-8792
17. INFORMANT: Bernard J. Moran jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage due to gun shot wound Thru left chest.	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

976x
164c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary Tuberculosis — 2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Shot self with .22 revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Borchart	M.D.	Gaithersburg, Md	4-21-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April 25, 1950	Cedar Hill Cemetery	Washington, D.C. #20

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/50	Frances Potter	Jas. E. Ryan, Inc.	317 Pa. Ave. S.E.

4-20-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04244

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
LENGTH OF STAY (in this place)
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS 1614 Oak View Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1614 Oak View Drive

3. NAME OF DECEASED (Type or Print) (First) Adlowe (Middle) (Last) Morrison

4. DATE OF DEATH (Month) 4 (Day) 14 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~married~~

8. DATE OF BIRTH 5/15/70

9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Retired

10b. KIND OF BUSINESS OR INDUSTRY Unk. --

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Morrison

14. MOTHER'S MAIDEN NAME Sarah Eastborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Helen M. McGowan 1614 Oak View Dr. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1950, to April 14 1950 that I last saw the deceased alive on April 7, 1950 and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas W Hornberger MD ADDRESS 4201 New Hamp. ave. NW Washington DC DATE SIGNED 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE April 17 1950 NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery LOCATION (City, town, or county) Fredericksburg Va (State)

DATE REC'D BY LOCAL REG. April 14/50 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S. H. Hines Co 290 R 14 Washington D.C. ADDRESS N.W.

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 17 1950
BUREAU U.S.

Item 3: Dr Wolohan's letter filmed 5/24/50 G126 film. 22

8231
04245

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glen Manor Rest Home 2515 Holman Ave., Forest Glen

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): # 3 Leland Street, N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Minnie	B.	Morton	April	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Oct. 27, 1858	91 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Vermont	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel H. Brooks	Emma L. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	no	Bro.-in-law: Capt. Dewitt C. Webb - 3 Leland St., Ch. Chwd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asthenia, general - cerebral	yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia (L) Annemia Emphysema	yrs - 4-5 days
	(c) Old age	yrs

334X
331a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0	0			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0 m.		0

22. I hereby certify that I attended the deceased from 4/16, 1950, to 4/18, 1950, that I last saw the deceased alive on 4/18, 1950, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. H. Wolohan	MD	500 Eudowood St., N.W.	4/19/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	5/9/50	South View Cemetery	Randolph, Orange Co, Vermont

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8 '50	Frances Potter	Werner E. Pumphrey	Silver Spring, Md.

RECEIVED
MAY 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04246

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Mont. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mass. Ave. Est.	STREET ADDRESS (If rural, give location) Walhounding Rd.

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) Wilson (Last) Mueller

4. DATE OF DEATH (Month) Apr. (Day) 8 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1892

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hutchinson, Kan.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles L. Harlen

14. MOTHER'S MAIDEN NAME Cora B. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
812.5 Immediate cause	(a) Thoracic hemorrhage due to crushed chest	5 min.
170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture at hip - Compound fracture of both lower legs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Glen Echo Heights (COUNTY) Montg. (STATE) Md

TIME OF INJURY (Month) Apr. (Day) 8 (Year) '50 (Hour) 11:50 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-9-50

23. BURIAL, CREMATION REMOVAL (Specify) removal

DATE THEREOF 4-11-50

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) Prince Geo. Md. (State)

DATE REC'D BY LOCAL REG. 409-50

REGISTRAR'S SIGNATURE Helen Kurvach

24. FUNERAL DIRECTOR Gilbert C. Vincent - 2525 Bladensburg Rd NE Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04247 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 7 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4127 9th Street, NW

3. NAME OF DECEASED (Type or Print): (First) Dennis (Middle) Joseph (Last) MULVEY

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-3-95

9. AGE last birthday: 54 yrs. If under 1 year: Months 06 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Broker

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Boston, Mass.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thimonthy MULVEY

14. MOTHER'S MAIDEN NAME: Mary GUERIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Nora Marie MULVEY
Same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 12 days

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 18, 1950 to Apr 25, 1950, that I last saw the deceased alive on Apr 25, 1950, and that death occurred at 10:12 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. SINGER, CDR, MC, USN U.S. Naval Hospital, Bethesda Md 4/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-29-50
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE RECD BY LOCAL REG. 4/30/50
REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.W. CHAMBERS, 1400 Chapin Street, Washington, D.C.

2748

RECEIVED
MAY 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04248

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 326 10 th Street, NE ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Arnfin (Last) NELSON

4. DATE OF DEATH: (Month) April, (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-22-00

9. AGE last birthday: 49 yrs. — If under 1 year: Months: 07 Days: 19 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Private business

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Theodor Nilsen

14. MOTHER'S MAIDEN NAME: Andrea Svendaon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Nephew: Arne Tjom, 209 3rd St, SE, Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 X — Immediate cause (a) Status asthmaticus — Interval between onset and death: 5 days

112 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) asthma, perenial — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7, April, 19 50 to 11, April, 19 50, that I last saw the deceased alive on 11, April, 19 50, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.T. JONES JR, LTJG, MC, USN, U.S. Naval Hospital, Bethesda, Md 4/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4/14/50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REG: 4/13/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers, 1400 Chapin St. NW, Washington, DC — ADDRESS

49614

RECEIVED
APR 14 1950
BUREAU V. S.

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04249

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Virginia COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 mo 28 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 804 S.Arlington Mill Drive ✓

3. NAME OF DECEASED (Type or Print)	(First) Melvin	(Middle) Frederick	(Last) NELSON	4. DATE OF DEATH	(Month) April, (Day) 1, (Year) 1950 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 11-2-07	9. AGE last birthday: 42 yrs.	If under 1 year: Months 04, Days 29; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Research Analyst	10b. KIND OF BUSINESS OR INDUSTRY: State Dept	11. BIRTHPLACE (State or foreign country): Ottumwa, Iowa	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Charles Nelson	14. MOTHER'S MAIDEN NAME: Helma Nord				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service): WWII	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife:Mary W.Nelson, same as item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EDEMA & BRONCHOPNEUMONIA	Days
Antecedent cause(s)	(b) CARCINOMA OF TESTIS, POST STATUS WITH EXTENSIVE METASTASES	4 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

178

51c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3, Jan, 1950, to 1, April, 1950, that I last saw the deceased alive on 1, April, 1950 and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE: H.J. Cokely (Degree or title) ADDRESS: H.J. Cokely, Captain, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 4/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/4/50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 4/3/50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: Ives Funeral Home, 2847 Wilson BLV Arlington, Virginia	ADDRESS

V5297

J.A.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 4 1950
BUREAU A S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04250

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Redland — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Redland - Derwood RFD #1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Derwood RFD #1	STREET ADDRESS (If rural give location): Farm of Harry Bussard.

3. NAME OF DECEASED (Type or Print)	(First) Fenton	(Middle) Douglas	(Last) Newman	4. DATE OF DEATH	(Month) 4 (Day) 29 (Year) 1950
5. SEX: M	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 2-21-1878	9. AGE last birthday: 72 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired Farmhand	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Albert Newman.	14. MOTHER'S MAIDEN NAME: Mary Ellen Burke.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Dau. - Evangeline Dorsey			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443x	Immediate cause	(a) Congestive Heart Failure	4 mo.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	8 mo.
		(c) Hypertensive Cardiovascular Disease	20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1950, to 4/29, 1950, that I last saw the deceased alive on 4/25, 1950, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. H. Sigon	MD.	Sandy Spring, MD	4/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF: 5/2/50	NAME OF CEMETERY OR CREMATORY: Church Cemetery	LOCATION (City, town, or county): Mt Zion, (State) Md.
DATE REC'D BY LOCAL REG.: May 2/50	REGISTRAR'S SIGNATURE: Almeda G. Cooke	24. FUNERAL DIRECTOR: R. L. Snowden, Rockville, Md	ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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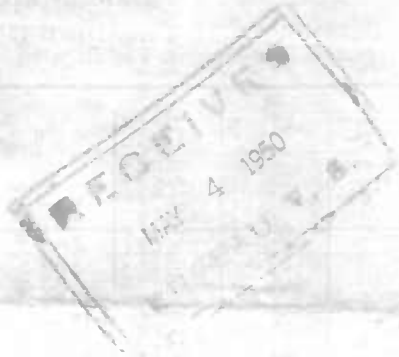
RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04251

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5607 Lincoln St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5607 Lincoln St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Lee	Norris	April	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 9, 1906	43 yrs.	10	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Parts Manager	Nash Auto Agency	Maryland	U.S.A.

13. FATHER'S NAME: William Norris
14. MOTHER'S MAIDEN NAME: Mary McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		579-10-4242	Gertrude L. Funk - Sister

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940a

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broccard	M.D.	Gaithersburg Md	4-15-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/18/50	Ft. Lincoln Cemetery	Washington	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
4-15-50	Helen Kurwacki	Robert C. Pumphrey	Bethesda, Md.

15669

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04252

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 614 St Andrews Lane

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) (Last) O'Brien

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH March 3 1868

9. AGE last birthday 82 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Atlanta Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Shirley

14. MOTHER'S MAIDEN NAME Frances M. Summers Shirley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Ruth O'Brien - Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 4-5 mos.

450.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic Pneumonia with

(c) Arteriosclerosis Coronary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1950, to April 18, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 12:30 a m., from the causes and on the date stated above.

SIGNATURE Philip E. Joner (Degree or title) M.D. ADDRESS 9 Silver Ellsworth Drive Silver Spring Md. DATE SIGNED 4/18/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 4/18/50 NAME OF CEMETERY OR CREMATORY Lee's Crematorium LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. April 19/50 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300 4th St. S.W.

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04253

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 36 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carl	F.	Ossman	April	17	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec. 27, 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	LABORER	Fulton, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick L. Ossman	Elizabeth Saker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	None	GROVER OSSMAN, FULTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure & pulmonary edema	36 hours
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) arteriosclerotic heart disease & myocardial insufficiency	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker	M.D.	Clarksville, Md.	4-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-19-50	Mt Zion	Highland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/18/50	A. W. Hedgcock	F.C. Higinbothom, Ellicott City, Md.	

VS. A15

04254

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 3 WKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 7932 West Beach Dr. N.W.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Henry (Last) Otto
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-23-85
9. AGE last birthday: 64 yrs. If under 1 year: Months 4, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor - Miscellaneous Ornamental Iron Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Bavaria, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christof Otto
14. MOTHER'S MAIDEN NAME: Margaret Rockstroch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Paul Otto (Son) 7419 Lynnhurst, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Terminal, Bronchopneumonia — Interval between onset and death: about 1 week
Antecedent cause(s): (b) Congestive heart failure — 1 year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (c) Arterio Sclerosis, Cardiovascular Renal — 5 yrs

422.1
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Enlarged spleen & liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19[illegible], to 4-22, 1950, that I last saw the deceased alive on 4-20, 1950, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Conchrane M.D. ADDRESS 4847 Rugby Ave Bethesda DATE SIGNED 4-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 4/24/50 | NAME OF CEMETERY OR CREMATORY Lincoln Cem | LOCATION (City, town, or county) Ft Lincoln (State) Md.

DATE REC'D BY LOCAL REG. 4/20/50 | REGISTRAR'S SIGNATURE C. John Dodd | 24. FUNERAL DIRECTOR The S.H. Hines Co | ADDRESS 2901-14th St N.W. Wash D.C.

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RECEIVED
APR 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04255

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGHLAND
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Stevens (Last) Parlette

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 1-26-75

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Stevens

14. MOTHER'S MAIDEN NAME: Annie Parlette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) acute cardiac failure	12 hrs
462	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease with auricular fibrillation	20 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the rectum — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1940, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker M.D. Clarksville, Md. 4/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 4-4-1950

NAME OF CEMETERY OR CREMATORY St MARKS

LOCATION (City, town, or county) (State) HIGHLAND, Md.

DATE REC'D BY LOCAL REG. 4-2-50

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR ADDRESS F.C. HIGINBOTHOM, ELLICOTT CITY, Md

VS. A15

RECEIVED
APR 10 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04256 244

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 12 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 804 Violet Place	STREET ADDRESS (If rural give location): 804 Violet Place

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) PERO			4. DATE OF DEATH (Month) April (Day) 27, (Year) 1950		
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH: Sep.12,1869	9. AGE last birthday: 80 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber	10b. KIND OF BUSINESS OR INDUSTRY: Co-owner Retired		11. BIRTHPLACE (State or foreign country): Italy	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Matthew Pero			14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT: Matthew J. Pero - son		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350x Immediate cause (a) Circulatory failure - Chronic myocarditis — one day

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — unknown

(c) Paralysis Agitans — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1943, to April 27, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 7.20 P.m., from the causes and on the date stated above.

SIGNATURE: Eugene A. Forcione (Degree or title) M.D. — ADDRESS: 4316-14th St. N.W. — DATE SIGNED: April 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: May 1, 1950	NAME OF CEMETERY OR CREMATORY: Ft. Lincoln ~~St. Mary's~~ Cemetery	LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: Apr 29/50	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: Joseph Gawler's Sons, 1756 Pa. Ave., N.W.	ADDRESS

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04257

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 219 Granville Dr.,

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) ~~Lee~~ V. (Last) Potter

4. DATE OF DEATH: (Month) 4-23 (Day) (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Wh

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb. 27, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Shoe Store

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): Chelsea, Mass,

12. CITIZEN OF WHAT COUNTRY? U.S. of N.A.

13. FATHER'S NAME: William Warren Potter

14. MOTHER'S MAIDEN NAME: Lizzie Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 577-10-8200

17. INFORMANT AND ADDRESS: 219 Granville Dr. S.S. Md. Daughter - Mrs Doris Potter Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peripheral circulatory collapse	15 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tumor in Mediastinum - Mass in	
	(c) upper abdomen. Probable metastatic malignancy	

164 x
47 p

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia, malnutrition.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 14 Apr., 1950, to 23 Apr. 1950, that I last saw the deceased alive on 23 Apr., 1950, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE: Richard H. Johnson Jr. (Degree or title) M.D. ADDRESS: Suburban Hosp. Bethesda Md. DATE SIGNED: 23 Apr. 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 27, 1950
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Rockville, Montgomery Co., Md.

DATE REC'D BY LOCAL REG. 4-27-50
REGISTRAR'S SIGNATURE: Helen Kinnach
24. FUNERAL DIRECTOR: Warner E. Pumphrey - Silver Spring, Md.
ADDRESS

9

15660

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APR 29 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04258

Reg. Dist. No. 215

FILM No. G 125 APR 18 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY in this place: 4 mo 9dys	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital	STREET ADDRESS (If rural, give location): 3710 Huntington Street, NW ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	(n)	POTTS	April, 11, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-16-82	67 yrs.	08	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Colonel, Retired	Marine Corps	Little Rock, Arkansas	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ramsey D. Potts	Mary Bestor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes WWI & WWII		Wife: Cornelia Potts, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracerebral Hemorrhage	18 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prefrontal Lobotomy done for the	28 hours
	(c) control of intractable pain (4/17/50 akc)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Prostate c Metastasis	3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/10/50	Prefrontal Lobotomy	Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2 Dec, 1949, to 11 April, 1950, that I last saw the deceased alive on 11 April, 1950, and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R.J. COKELY, Captain, MC, USN	U.S. Naval Hospital, Bethesda, Md.	4/13/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4/12/50	Cedar Hill	Washington, DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
4/13/50	Elizabeth Willett	Joseph Gawler, 1756 Pennsylvania Ave Washington, D.C.	

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APR 14 1950
BUREAU V. S.

04259

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 8 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 CLEVELAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 5 CLEVELAND AVE.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) S. (Last) PROVANCE
4. DATE OF DEATH (Month) APRIL (Day) 1 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH SEPT 28, 1853
9. AGE last birthday 96 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) GERMAN TOWNSHIP FAYETTE CO., PA.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME JOHN SMILEY.
14. MOTHER'S MAIDEN NAME CAROLINE ROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS JAMES E. PROVANCE, 5 CLEVELAND AVE. TAK. PK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis	
	(c)	

332x
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1950, to Apr. 1, 1950, that I last saw the deceased alive on Mar. 31, 1950, and that death occurred at 10 45 P. m., from the causes and on the date stated above.

SIGNATURE J. Bhitte MD. (Degree or title) ADDRESS 6911 5th St. N.W. Washington D.C. DATE SIGNED April 1/50.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF APRIL 4, 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) MASONTOWN (State) PENNA.

DATE REC'D BY LOCAL REG. 4/2/50
REGISTRAR'S SIGNATURE J. Arthur Walters
24. FUNERAL DIRECTOR J. ARTHUR WALTERS, 254 CARROLL ST. N.W. TAKOMA PARK, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04260

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 610 Bennington Dr

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring,
STREET ADDRESS (If rural give location): 610 Bennington Drive

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) REHMEYER

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 21, 1868

9. AGE last birthday: 81 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: meat

11. BIRTHPLACE (State or foreign country): York, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 205-10-2083

17. INFORMANT: Mrs. Wm. M. Peterson - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach — Interval between Onset and Death: 8-10 Mos

46b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to 2 April, 1950 that I last saw the deceased alive on March 26, 1950, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE: William D. Reed (Degree or title): M.D. ADDRESS: 9006 Colesville Rd, Silver Spring DATE SIGNED: 2 Apr 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 4, 1950

NAME OF CEMETERY OR CREMATORY: Greenmount Cem.

LOCATION (City, town, or county) (State): York County, Penna.

DATE REC'D BY LOCAL REG.: Apr 3/50

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey Inc. ADDRESS: Silver Spring, Md.

Warner E. Pumphrey 43261

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APR 4 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04261

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural give location) 108 Earlston Drive

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) W. (Last) RICHARDSON

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 10/22/1877

9. AGE last birthday 72 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate broker.

10b. KIND OF BUSINESS OR INDUSTRY Realestate

11. BIRTHPLACE (State or foreign country) Loudon Co. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME G. A. Richardson

14. MOTHER'S MAIDEN NAME Sally A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Louis G. Richardson -- Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage. — Interval Between Onset and Death: 1 day

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — Interval Between Onset and Death: 6 months.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION –

19b. MAJOR FINDINGS OF OPERATION –

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) –

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to April 3, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE Lee P. Campbell (Degree or title) ADDRESS Kensington DATE SIGNED 4/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4/5/1950 — NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 4-4-50 — REGISTRAR'S SIGNATURE Helen Kurvach.

24. FUNERAL DIRECTOR Joseph Gawler's Sons. ADDRESS 1756 Pa. Ave., nw D.C.

2768

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APR 6 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04262

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville RFD#3 (rural)
STREET ADDRESS (If rural give location): Cloverly

3. NAME OF DECEASED (Type or Print): (First) Delores (Middle) Olivia (Last) Riggs

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/28/1922

9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Copeland

14. MOTHER'S MAIDEN NAME: Anna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT: Husband James Edward Riggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

644X **Immediate cause** (a) Acute heart failure — 12 hrs.

146b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Abruptio placenta. — 3 hrs
(c) Pregnancy, uterine — 28 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/2/50

19b. MAJOR FINDINGS OF OPERATION: Abruptio placenta (28 weeks)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

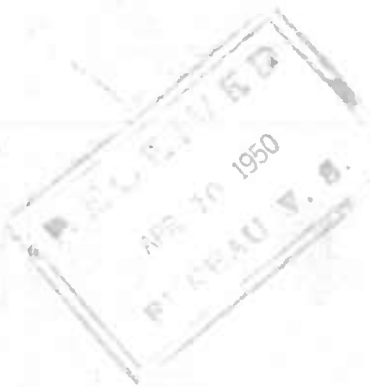
22. I hereby certify that I attended the deceased from 4/1, 1950, to 4/3, 1950, that I last saw the deceased alive on 4/3, 1950, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Rigor M.D. — ADDRESS: Sandy Spring Md — DATE SIGNED: 4/3/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 4/7/50 — NAME OF CEMETERY OR CREMATORY: Church Cemetery — LOCATION (City, town, or county) (State): Mt Zion, Monty Md

DATE REC'D BY LOCAL REG. 4-6-50 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS: R. L. Snowden, Rockville, Md.


RECEIVED
APR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04263

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Shepherd St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 116 Shepherd St.

3. NAME OF DECEASED (Type or Print) (First) Nathan (Middle) Wood (Last) Robertson
4. DATE OF DEATH (Month) April (Day) 4 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 4, 1902
9. AGE last birthday 47 yrs. If under 1 year Months 9 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper man-Columnist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chevy Chase, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas E. Robertson
14. MOTHER'S MAIDEN NAME Mary Brackett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank H. Myers-3754 McKinley St., Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

973.1 Immediate cause (a) Carbon-monoxide gas poisoning (Suicide) — INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto

163 M Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY garage (CITY OR TOWN) Chevy Chase (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? hose extending from exhaust thru rear window of car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 4-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 4/6/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REG. 4-4-50
REGISTRAR'S SIGNATURE Helen Kurvach Jr
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

V04M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04264

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 mo 22 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Princes George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 4801 Decatur Street

3. NAME OF DECEASED (Type or Print): (First) Gottfried (Middle) John (Last) ROEMER

4. DATE OF DEATH: (Month) April (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-10-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 07 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Elevator

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles ROEMER

14. MOTHER'S MAIDEN NAME: Ann Virginia WILMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: Son: Charles A. ROEMER, 6507 Edmonston Rd., Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage with Recurrence — 2 Mos

443x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Hypertensive Cardio-Vascular Disease — 2 yrs.

(c) Pulmonary Congestion — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1950, to Apr 26, 1950, that I last saw the deceased alive on Apr 26, 1950, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. K. LEVERETT, LTJG, MCR, USNR — ADDRESS U. S. NAVAL HOSPITAL, Bethesda, Md. — DATE SIGNED 4/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 28, '50 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 4/27/50 — REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS W.W. CHAMBERS, 5801 Cleveland Ave, Riverdale, Md.

33637

VS. A15

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04265

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 119 Aspen St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 119 Aspen St.

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) C. (Last) St.Clair

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 4, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months 4, Days 8, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Druggist

11. BIRTHPLACE (State or foreign country): Fulton, Mississippi

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas C. St.Clair

14. MOTHER'S MAIDEN NAME: Katherine Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ella May St.Clair-119 Aspen St., Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart foilure	1-6 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Controlled diabetes mellitus (term. uremia)	40+ yrs.
	(c) genl. art. scler. cardio vascular renal dis.	20+ yrs.

260x
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. terminal mounting uremia

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Jan., 1949, to 11 Apr., 1950, that I last saw the deceased alive on 11 Apr., 1950, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles W. Thompson MD — ADDRESS: 1746-K st. nw. — DATE SIGNED: 12 Apr. 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit — DATE: 4/13/50 — NAME OF CEMETERY OR CREMATORY: Tupelo, Miss. — LOCATION (City, town, or county) (State): Tupelo Lee Co. Miss.

DATE REC'D BY LOCAL REG.: 4-12-50 — REGISTRAR'S SIGNATURE: Helen Kovacks — FUNERAL DIRECTOR: Robert L Pumphrey — ADDRESS: Bethesda, Md.

V3070

VS. A15

RECEIVED
APR 14 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04266

CERTIFICATE OF DEATH

Reg. Dist. No. 314

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2739 Wheaton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 2739 Wheaton Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Butterfield (Last) Savage
4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 17, 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rufus Butterfield
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Anne McMahon - 2739 Wheaton Rd. Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Insufficiency	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	?
	(c)	

422.1
95c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from August, 1948, to 4/10, 1950, that I last saw the deceased alive on 4/10, 1950, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE Merritt Cross (Degree or title) M.D. ADDRESS 8248 Georgia ave. Silver Spring, Md. DATE SIGNED 4/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4-11-50
NAME OF CEMETERY OR CREMATORY Nashua Cemetery
LOCATION (City, town, or county) (State) Nashua N.H.

DATE REC'D BY LOCAL REG. 4/11/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The L H Hines Co ADDRESS 2901-14th St NW Wash, D.C.

RECEIVED
AUG 12 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04267

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural)
LENGTH OF STAY (In this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington,
STREET ADDRESS (If rural, give location): 130 C St.,NW, ✓

3. NAME OF DECEASED (Type or Print): (First) Quinton (Middle) (N) (Last) SCHLOSBURG

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 10-4-1919

9. AGE last birthday: 30 yrs. — If under 1 year: Months 5 Days 27 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Clerk

10b. KIND OF BUSINESS OR INDUSTRY: unk. - - - -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis B. Schlosburg

14. MOTHER'S MAIDEN NAME: Bessie Karitc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT AND ADDRESS: Sister:Celia Pitler(Sames as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.3 Immediate cause (a) Acute ~~cardiac decompensation~~ pulmonary edema

Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity Cardiac decompensation

(c) Patent foramen ovale.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to Apr 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 10:50a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D.SINGER, CDR MC USN — USNH, NNMC, Bethesda, Maryland — 4/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4-5-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Virginia

DATE RECD BY LOCAL REG. 4/3/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: DANZANSKY, 3501 14thSt.,NW,Wash.,DC

M.T.E. 24899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04268

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 11 yrs
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS 9 Woodmoor Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9 Woodmoor Drive

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Haven (Last) Schultz

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb 12, 1879

9. AGE last birthday 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Contracting

11. BIRTHPLACE (State or foreign country) Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Russell Schultz

14. MOTHER'S MAIDEN NAME Elvira Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 579-18-9890

17. INFORMANT AND ADDRESS Mrs Mildred Stewart 9 Woodmoor Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	—
	(c)	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/25, 1950, to 4/13, 1950, that I last saw the deceased alive on 4/13, 1950, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE Marion Bankhead (Degree or title) ADDRESS 9601 Sutton Pl. Silver Spring, Md. DATE SIGNED 4/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 4/17/50

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. April 17/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

34049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 18 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04269

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 835 Allison Street, NW

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Jameson	(Last) SCOVELL	4. DATE OF DEATH	(Month) April, (Day) 2, (Year) 1950 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 8-8-87	9. AGE last birthday: 62 yrs.	If under 1 year: Months 07, Days 24; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Terre Haute, Indiana	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Thomas Scovell		14. MOTHER'S MAIDEN NAME: Joanna Jameson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If year, give war or dates of service): WWI	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife: Anne L. Scovell, same as item 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia & Broncho pneumonia	—
Antecedent cause(s)	(b) Myocardial failure	3 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardio vascular renal disease	5 yrs.

442x

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29, March, 1950, to 2, April, 1950, that I last saw the deceased alive on 2, April, 1950, and that death occurred at 3:23 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.E. BILLMAN	LTJG, MC, USN	U.S. Naval Hosp, Bethesda, Md.	4/3/50

D E Billman Jr

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/5/50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia.
DATE REC'D BY LOCAL REG.: 4/3/50	REGISTRAR'S SIGNATURE: Elizabeth Willett	FUNERAL DIRECTOR: W.W. Chambers, 1400 Chapin St, NW, Washington, D.C.	ADDRESS

M J Spalding V1091

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04270

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Donora
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Elroy (Last) SHORT

4. DATE OF DEATH: (Month) April, (Day) 16, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-22-30

9. AGE last birthday: 19 yrs. If under 1 year: Months 10, Days 24. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private First Class

10b. KIND OF BUSINESS OR INDUSTRY: US Marine Copps

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Edwin Short

14. MOTHER'S MAIDEN NAME: Mary Sharkie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): None

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mother: Mary Short, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anglo Sarcoma Mediastinum — Interval Between Onset and Death: 6mos +

164 Antecedent cause(s)

447 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11, Jan, 1950 to 16, April, 1950, that I last saw the deceased alive on 16, April, 1950, and that death occurred at 1:50P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.M. Hanner — J.M. HANNER, CDR, MC, USN, U.S.Naval Hospital, Bethesda, Md. — 4/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 4-16-50

NAME OF CEMETERY OR CREMATORY: Monongahela

LOCATION (City, town, or county) (State): Monongahela. Penna.

DATE REC'D BY LOCAL REGISTRAR: 4/18/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home. 30, East Capitol St. Washington, D.C.

Chas W. Wastler

60696

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS-A15

RECEIVED
APR 19 1950
BUREAU V. S.

04271

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Montgomery · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds, md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds, md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Isabelle (Middle) (Last) Sims

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1950

5. SEX: female | 6. COLOR OR RACE: A.A. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Feb. 28, 1950 | 9. AGE last birthday: 1 mo. 11 days yrs. | If under 1 year: Months 1 Days 11 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earle Plummer Jr | 14. MOTHER'S MAIDEN NAME: Mary Helen Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mary Helen Sims

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~Sclerosis~~ Pneumonia, Bronchial, Bilateral	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	one month
	(c)	

772.0
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1950, to April 9, 1950, that I last saw the deceased alive on 9 April, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon McSmith	M.D.	Barnesville	10 April 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-11-50	Boyds	Boyds, md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/11/50	Mrs. C. C. Hilton By Mrs. W. B. H.	Robert L. Crowder	Rockville, md

2-D-2-28-D-20-2-38-4

VS. A15

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04272

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5 mo 25 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 530 Ingram Street, NW.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Arthur	SNAVELY		April	30	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	1-11-1885	65 yrs.	03	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Patent Examiner	US Patent Off.	Iowa	US

13. FATHER'S NAME: Ira SNAVELY

14. MOTHER'S MAIDEN NAME: Elva COLONY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Daugh: Mrs Elva HOLT, Fairfield-Suisun AFB, California

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
180 x Immediate cause	(a) Hypernephroma c metastasis	3 years
Antecedent cause(s)		
52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 5, 1949, to Apr 30, 1950, that I last saw the deceased alive on Apr 30, 1950, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. H. F. BEACH, LTJG, MC, USN — ADDRESS: U.S. Naval Hospital — DATE SIGNED: 5/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 4 1950	Cedar Hill	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/50	Elizabeth Willett	S.H. HINES, 2901 14th St., NW, Washington, D.C.	

Revised 1949

RECEIVED
MAY 5 1950
BUREAU V. S.

04273

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2.23

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanatorium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8402 Queen Annes Dr.

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) Frederick (Last) Strahley
4. DATE OF DEATH (Month) Apr (Day) 23 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-23-1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo engraver
10b. KIND OF BUSINESS OR INDUSTRY Govt. G.P.O. off. Printing
11. BIRTHPLACE (State or foreign country) S.C.
12. CITIZEN OF WHAT COUNTRY? N.S.E.
13. FATHER'S NAME Conrad S. Strahley
14. MOTHER'S MAIDEN NAME Margaret Huggins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W W I (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-38-5693
17. INFORMANT Hosp Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-23-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 26, 1950
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 4/27/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

38814

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M. I T

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04274

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 31 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital, NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): Box 414 (Rural)

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Francis (Last) STUBBS, Sr.

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-24-1898

9. AGE last birthday: 52 yrs. — If under 1 year: Months 01, Days 28, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Nat'l Inst. Health

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frank Dudley STUBBS

14. MOTHER'S MAIDEN NAME: Stella SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Edna Lee STUBBS Same as Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lung — Interval between onset and death: 4 Mo

163 X Antecedent cause(s)

472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1950, to Apr. 22, 1950, that I last saw the deceased alive on Apr. 22, 1950, and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. T. JONES, Jr., LTJG,MC,USN US Naval Hospital 4/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4-25-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 4/24/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.W. CHAMBERS, 3072 M St. NW, Washington, D.C.

3147

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04275

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5317 Flint Drive

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Alvin (Last) SWARTZ

4. DATE OF DEATH: (Month) April, (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-13-15

9. AGE last birthday: 34 yrs. If under 1 year: Months 04, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent

10b. KIND OF BUSINESS OR INDUSTRY: FBI

11. BIRTHPLACE (State or foreign country): Miami, Oklahoma

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Raymond Swartz

14. MOTHER'S MAIDEN NAME: Mamie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife; Louise Swartz, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Melanoma, malignant with metastasis — Interval Between Onset and Death: 8 mths

190 Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24, March, 1950, to 5, April, 1950, that I last saw the deceased alive on 5, April, 1950 and that death occurred at 2:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.J. McCarthy — ADDRESS R.J. McCarthy, LTJG, MC, USN, U.S.Naval Hosp, Bethesda, Md. — DATE SIGNED 4/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE 4-7-50; NAME OF CEMETERY OR CREMATORY: Cedar Hill; LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 4/6/50; REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: S.H. HINES, 2901 14th St, NW, Washington, D.C. — ADDRESS

F.Y.S. 6047

RECEIVED
APR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04276

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 3800 Lee Boulevard ✓

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (n) (Last) TAMA Jr.

4. DATE OF DEATH: (Month) April, (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-17-50

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph John Tama

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Mock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Father: Joseph John Tama Name, Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
159 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17, April, 1950, to 17, April, 1950, that I last saw the deceased alive on 17, April, 1950, and that death occurred at 2:45P m., from the causes and on the date stated above.

SIGNATURE Paul Peterson (Degree or title) ADDRESS DATE SIGNED

Paul Peterson, Captain, MC, USN, U.S. Naval Hospital, Bethesda, Md. 4/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4/20/50 | NAME OF CEMETERY OR CREMATORY National Memorial Pk | LOCATION (City, town, or county) (State) Falls Church, Virginia

DATE REC'D BY LOCAL REG. 4/25/50 | REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Fitzgerald Funeral Home, 3245 Wilson Blvd. Arlington, Va.

by DAD

2-04-170-17-1-34-1

VS. A15

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04277

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 618 Bennington Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 618 Bennington Drive

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Joseph (Last) Tholl

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 19, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing & Heating

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Florian C. Tholl

14. MOTHER'S MAIDEN NAME: Margaret E. Orschel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): S.R.W.

15. SOCIAL SECURITY NO.:

17. INFORMANT: Widow: Mrs. Caroline V. Tholl - 618 Bennington DR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 2 yrs

95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to 18 April, 1950, that I last saw the deceased alive on 17 April, 1950 and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE: William D. Aud — (Degree or title): M D — ADDRESS: Silver Spring Md — DATE SIGNED: 18 April 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 21, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: April 21/50 — REGISTRAR'S SIGNATURE: Frances Keller

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md

34809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1950
BUREAU V. S.

04278

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Ave Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville.
STREET ADDRESS (If rural give location) Baltimore Ave Lincoln Park

3. NAME OF DECEASED (Type or Print) (First) Sara (Middle) (Last) Thomas
4. DATE OF DEATH (Month) Apr. (Day) 27 (Year) 1950

5. SEX ~~Male~~ F
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug 1, 1913
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Martinsburg, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bruner
14. MOTHER'S MAIDEN NAME Celia Nickins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 218-24-6671
17. INFORMANT Celia Bruner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronchart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 4/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/30/50
NAME OF CEMETERY OR CREMATORY Lincoln Park,
LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 4-30-50
REGISTRAR'S SIGNATURE Helen Kurwack Jr.
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
MAY 1 1950
BUREAU V. S.

DATE OF BIRTH AND AGE, DATE OF DEATH: DR. COALE'S LETTER filmed 6-6-50 G126. LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04279

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 321 ESSEX AVE
STREET ADDRESS (If rural, give location) SOMERSET

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E. (Last) Tibbits

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 1-17-1867

9. AGE last birthday 83 yrs.

If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. Asst. U.S.N. Dept.

10b. KIND OF BUSINESS OR INDUSTRY Govt.

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Arthur Tibbits

14. MOTHER'S MAIDEN NAME Margaret Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Margaret Tibbits Box 1113 E. Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute coronary thrombosis — Interval Between Onset and Death: 2 hours

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 30 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 19.49., to April 1, 19.50., that I last saw the deceased alive on April 1, 19.50, and that death occurred at 5 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert N. Coale M.D. 5707 Wisconsin Ave, Chevy Chase Md. April 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-4-50 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 4-2-50 | REGISTRAR'S SIGNATURE Helen Kurrach

24. FUNERAL DIRECTOR S.H. Hines Funeral Home ADDRESS D.C.

112 97

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04280

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5200 Western Ave.,
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

CAROLINE K.TODD,

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Dr.Calvin D.Todd

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 1,1881

8. AGE: Years	Months	Days	If less than one day
69			..... hrs. ..... min.

9. Birthplace: Canada
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry G.W.Kittredge
13. Birthplace: Lynn, Mass.

MOTHER
14. Maiden name: Jennie Durance
15. Birthplace: Petrolia, Ontario, Canada

16. Informant: Dr.Calvin D.Todd

Address: 5200 Western Ave.,Bethesda,Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr.18,1950 (month) (day) (year)

Cemetery or crematory: Arlington Nat.Cemetery

Location: Fort Myer ,Va.

18. Funeral director: Cherry Chase Funeral Home

Address: 5101 Wis.,Ave.,N.W.

19. 4-15 1950 (Date rec'd by registrar) Helen Kerwoep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APR 15 1950 19..., at 3:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15. 1940, to APR 15 1950

and that I last saw her alive on APR 15 1950 19...

Immediate cause of death: Coronary thrombosis — DURATION: 5 hours

Hypertensive heart disease — 10 years

Due to: Generalized arteriosclerosis — or more

Carcinoma of stomach — 6 mo.

Due to

Other conditions: 151 X, 46 b (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: C P Ryland M.D. M. D. or other

C. P. RYLAND, M. D.
4901 MASSACHUSETTS AVE., N. W.
WASHINGTON 16, D.C.

Address ..... Date signed APR 15 1950

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04281

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 14 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orlando
STREET ADDRESS (If rural, give location) 2516 Sanitarium Ave.

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) Andrews (Last) Tymeson
4. DATE OF DEATH: (Month) April (Day) 19, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 16, 1874
9. AGE last birthday: 76 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Somerset Co. England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jessie Andrews
14. MOTHER'S MAIDEN NAME: Sarah Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mr. S. W. Tymeson, 720 Flower Ave, Md. Takoma Pk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy Cerebral	7 days
443 X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	3 yrs.
	(c) Generalized Arteriosclerosis	4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans, Rheumatoid Arthritis 2yrs; 8yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 1950, to April 15, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace K. Mook M.D. 805 Carroll Ave, Takoma Pk. Md. 4-19-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 22, 1950
NAME OF CEMETERY OR CREMATORY: Woodlawn Memorial Park Cemetery
LOCATION (City, town, or county) (State): Orlando, Florida

DATE REC'D BY LOCAL REG.: 4/19/50.
REGISTRAR'S SIGNATURE: William Dodd
24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walters, 254 Carroll St NW Wash. 12 DC.

RECEIVED
APR 24 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04282

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: South Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, Rural — LENGTH OF STAY (in this place): 2mo 24 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Columbia
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 2827 West Columbia Avenua

3. NAME OF DECEASED (Type or Print)	(First) Simon	(Middle) Patrick	(Last) WEED	4. DATE OF DEATH (Month) (Day) (Year) April, 10, 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 12-27-74	9. AGE last birthday: 75 yrs. — If under 1 year: Months 02, Days 13 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own farm	11. BIRTHPLACE (State or foreign country): Lexington Cnty, S.C.	12. CITIZEN OF WHAT COUNTRY? U.S	
13. FATHER'S NAME: Joseph Weed		14. MOTHER'S MAIDEN NAME: Nancy Long		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): SA	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Sister: Viola Weed, same as item #2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

140 Immediate cause (a) Bronchopneumonia

Antecedent cause(s)

45a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure

(c) Carcinoma lip with metastases to neck

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16, Jan, 1950, to 10, April 1950, that I last saw the deceased alive on 10, April, 1950, and that death occurred at 540A m., from the causes and on the date stated above.

SIGNATURE: A.J. Delaney (Degree or title) ADDRESS: A.J. DELANEY, Captain, MC, USN, U.S. Naval Hospital, Bethesda — DATE SIGNED: 4/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4-10-50	NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery	LOCATION (City, town, or county) (State): Chapin, South Carolina
DATE REC'D BY LOCAL REG.: 4/11/50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. Chambers, 3072 M Street, NW, Washington, DC	ADDRESS: 9.3.

500 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04283

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural, give location) 1810 Riggs Place N.W.

3. NAME OF DECEASED (Type or Print): (First) VALDEMAR. (Middle) — (Last) Weiergang

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Aug. 12-1865 — 9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler — 10b. KIND OF BUSINESS OR INDUSTRY: Butler. — 11. BIRTHPLACE (State or foreign country): Denmark — 12. CITIZEN OF WHAT COUNTRY? Denmark.

13. FATHER'S NAME: Wilhelm Weiergang. — 14. MOTHER'S MAIDEN NAME: Christina Topfer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Bro's. chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gen. Metastatic Carcinomatosis.

180X Antecedent cause(s)

52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Left Kidney — 12/13/45

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/13/45 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Left Kidney — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1949, to 4/23, 1950, that I last saw the deceased alive on 4/23, 1950, and that death occurred at 3:05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Howard E. Stone MD — 28 Carroll Ave Takoma Park Md — 4/23/50.

23. BURIAL / CREMATION / REMOVAL (Specify) — DATE 4/26/5 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem. — LOCATION (City, town, or county) Prince George's Co. — (State) Md

DATE REC'D BY LOCAL REG. 4/23/50. — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR — ADDRESS
The D.H. Hines Co. 2961 14th St. N.W. Wash. D.C.

52086

VS. A15

RECEIVED
APR 26 1950
BUREAU V. S.

04284

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Wisconsin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 808 Buchanan St. N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Edward	Wilson	April	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Widowed	5/29/1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store owner (retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank W. Wilson | 14. MOTHER'S MAIDEN NAME: Mary Stubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Henry John Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden death
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhurst	M.D.	Gaithersburg, Md	4-26-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4-29-50	Cedar Hill Cem	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-26-50	Helen Kurvoski	S.H. Hines Co	2901-14th St. N.W.

VS. A15A

RECEIVED
APR 29 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04285

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg MD
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NO

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg Maryland
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lula	L.	Wright	April	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb. 8. 1867	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None Domestic	Home	Virginia	U. S. A.

13. FATHER'S NAME: Adam Cordell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leslie E. Wright Damascus, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	Probably pneumonia,
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis associated with Congestive Heart failure,	5 years
	(c) mild	

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar. 25, 1950, to Apr. 22, 1950, that I last saw the deceased alive on Apr. 16, 1950 and that death occurred at 5:00 (Estimated) a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M. D.	Gaithersburg Md.	Apr. 23, 50

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 24. 1950	Clarksburg, MD	Montgomery, County MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 23/50	Rhoda G. Cooke	Roy W. Barber	Laytonsville, MD

52086

RECEIVED
APR 25 1950
BUREAU OF S